

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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:
UNITED STATES OF AMERICA, :
: 19-CR-049-2 (JMF)
-v- :
: ORDER
JUAN CARLOS CAMILO-POLANCO, :
Defendant. :
:
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JESSE M. FURMAN, United States District Judge:

On March 9, 2021, the Court received the attached motion for compassionate release from Defendant Juan Carlos Camilo-Polanco, proceeding without counsel. It is hereby ORDERED that the Government shall file any opposition to that motion by **March 24, 2021**. In its opposition, the Government should (1) note the Probation Department's position with respect to the motion; and (2) address whether or when Defendant would be eligible for the coronavirus vaccine. Defendant's reply, if any, shall be filed by **April 7, 2021**.

The Clerk of Court is directed to mail a copy of this Order to Defendant at the following address:

Juan Carlos Camilo Polanco
BOP: 45434054, MVCC
555 GEO Drive
Philipsburg, PA, 16866

SO ORDERED.

Dated: March 9, 2021
New York, New York


JESSE M. FURMAN
United States District Judge

United States District Court
Southern District of New York

United States of America

v.

Juan Carlos Camilo Polanco

Case : 1:19-CR-049-2 JMF

Re: Motion for compassionate Release under 3583 c.1.A.i and / or other reliefs or remedies afforded to Petitioner within this Court's Jurisdiction and authority.

COMES NOW, JUAN CARLOS CAMILO POLANCO , herein after , Petitioner and moves this Court to grant Compassionate Release under the Provisions set forth by the CARES ACT via the First Step Act of 2018. However , this Motion is not limited to the above noted act but also within the court's discretion for reduction of sentence under 3553 .

Petitioner presents him self eligible for immediate compasionate release based on the following :

1. Petitioner has exhausted administrative remedies
2. Petitioner pre existing cardio vascular health conditions coupled with a COVID 19 viral infection break out in his housing Unit November to December 2020, has endangered Petitioner's life and creates an extraordinary and compelling reason for compassionate release.
3. Petitioner's chance of Recidivism has been categorized at Minimum to Low via the BOP's Pattern Risk Assessment Scoring
4. Petitioner voluntarily submits to immediate deportation if motion is granted.
5. Petitioner mitigates risk factors stated in 18 USC 3553 as through declaration of Oath he is :

- a. Not a threat or danger to society
 - b. He has been successfully Rehabilitated
 - c. It is a non violent offense
6. Petitioner does not submit to home confinement as he is aware he does not qualify.
7. Petitioner has no detainees.
8. Petitioner suffers from Cardiovascular disease and has been categorized Pre diabetic.
9. Petitioner faces and endures harsh and extreme life threatening conditions . During an Episode of COVID 19 other Viral infections also broke out simultaneously namely varicella, scabies, and measles.
10. The harsh conditions described previously was never accounted for when Petitioner was sentenced under USSG 3553. These conditions must be taken into account and Petitioner should receive a time credit as Petitioner contends that the VOCID 19 extreme the Lock down environment of nearly one year , not only affecting physical health but extreme mental health issues. Specifically, one day of normal incarceration equates three days in COVID 19 Lock Down situations. Petitioner requests the honorable Court that also considers this in conjunction with reduction in sentence. Petitioner brings to Court 's Attention through First hand knowledge and experience that during these 12 months of lock down he has been deprived of fresh air, exercise, nutritional diet , educational programs and other vocational programs that would contributed to time credits, family visitations, daily hygienic products, gloves, disinfectants, inter alia.
11. Petitioner a sound release plan which provides him immediate employment, access to privatized health care, financial and emotional support, all of this through his immediate family.
- For all these reasons stated herein and also with the supplemental affidavit of truth coupled with the legal precedent history attached Petitioner moves the Court grant immediate compassionate release or reduction in sentence facilitated by any reliefs and remedies applicable.

Procedural Background

Petitioner was sentenced to 97 months in Prison and 4 years probation in Violation of 21:846 SEC 841-851 Attempt and conspiracy to distribute narcotics . He was sentenced on 11-6-2019. This is a non violent offense. He immediately took responsibility via Plea agreement. He has served approximately 2 years of the imposed sentence which equates to 5 years of incarceration as he has spent almost a year on extreme lockdown . See Affidavit of Truth.

Under the First Step Act , this Court has broad authority to determine whether extraordinary and compelling circumstances exist to modify petitioner's sentence and release him to home confinement. This motion is ripe because Petitioner requested relief more than 30 days ago.

The First Stept Act , expressly permits Petitioner to move this court to reduce his term of imprisonment and seek compassionate release. See 18 U.S.C. § 3583(c)(1)(A)(i).

Under normal circumstances , a Petitioner can seek recourse through the courts after either (1) the Federal Bureau of Prisons (BOP) declines to file such a motion on his behalf ; or (2) there has been a lapse of 30 days from the Warden's receipt of the Petitioner's request, whichever is earlier.Id.

Petitioner transmitted requests for compasionate release to the Warden at Moshannon Valley Correctional Institute . See Exhibit(s) Petitioner has exhausted the administrative process.

There are extraordinary and compelling circumstances to grant this request.

After exhausting the administrative process or the lapse of 30 days , " a court may then reduce the term of imprisonment " after finding that extraordinary and compelling reasons warrant such a reduction and such a reduction is consistent with applicable policy statements issued by the sentencing commission. United States v. Ebbers, 02 Cr. 1144 (VEC), 2020 WL 91399, at *4, Dkt. No. 384 (S.D.N.Y. Jan 8, 2020). In making such a decision , a court must also consider the sentencing factors set forth in section 3553(a) to the extend that they are applicable Id. (quoting 18 U.S.C. §(c)(1)(A)). The sentencing commission does not constraint the court's independent assessment of whether extraordinary and compelling reasons warrant a sentence reduction in light of the First Step Act's amendments. United States v. Beck 13, Cr. 186, 2019 WL 2716505, at *5-6 (M.D.N.C. June 28, 2019); See also Ebbers, 2020 WL 91399, at *4. Indeed the district courts themselves have the power to determine what constitute extraordinary and compelling reasons for compassionate release. United States v. Young , 00 Cr. 02, 2020 WL 1047815, at *6 (M.D.Tenn. Mar. 4, 2020) (finding the legislative history of 18 U.S.C. ...

of 18 U.S.C. § 3582(c)(1)(A) indicates that lawmakers thought that extraordinary and compelling reasons for a sentence reduction should not be limited to medical condition , age, and family circumstances and granting compassionate release.)

The United States Sentencing guidelines Application Notes to Section 1B.13 describe four potential extraordinary and compelling reasons, United States v. Venice, 17 Cr. 89 (CS), Dkt. No. 1009 (S.D.N.Y. May 7, 2020); See U.S.S.G. § 1B.13, cmt, n.t(A)-(D), including a catch all fourth category.

- Other reasons - As determined by the Director of the bureau of Prisons, there exists in the Petitioner's case an extraordinary and compelling reason than, or in combination with, the reasons described in subdivisions (A) through (C).

U.S.S.G. § 1B.13. cmt. n.1(D). Like the defendant in Venice, supra, Petitioner does not suggest he meets any of the first three categories , but argues that the risk the corona virus pandemic poses to one with his conditions meets the fourth category.

Many courts have consider granting compassionate release during the instant pandemic. See, e.g United States v. Knox, 15 Cr. 445 (PAE), Dkt. No. 1088 (S.D.N.Y. Apr 10, 2020), ; United States v. Resnick, 12 Cr. 152 (CM), Dkt. no. 461 (S.D.N.Y. Apr, 2, 2020); United States v. Perez, 17 Cr. 513 (AT), Dkt No. 98 (S.D.N.Y. Apr, 1 , 2020); United States v. Sawicz, 08 Cr. 287 (ARR), 2020, WL 1815851 (E.D.N.Y. Apr. 10, 2020); United States v. Field, 18 Cr. 426 (JPO) Dkt. No. 38 (S.D.N.Y. Apr. 6, 2020); United States v. Musumeci, 07 Cr. 402 (RMB), Dkt. No. 58 (S.D.N.Y. Apr. 28 2020); United States v. Fazio, 11 Cr. 873(ER), Dkt. No. 329 (S.D.N.Y. May 15, 2020).

Jail is not a safe place for petitioner

The COVID-19 pandemic is extraordinary and unprecedented in modern times in this nation. It presents a clear and present danger to free society for reasons that need no elaboration.

United States v. Hernandez, 18 Cr. 834 (PAE), 2020 WL 1684062, at *3 (S.D.N.Y. Apr. 2, 2020). Confining to a small cell where social distancing is impossible Petitioner and inmates like him cannot protect them selves from the spread of a dangerous

and highly contagious virus. United States v. Perez , 17 Cr. 513 (AT), 2020 WL 1546422, at *4 (S.D.N.Y. Apr. 1, 2020). Effective and social distancing in most facilities is virtually impossible and crowding problems are often compounded by inadequate sanitation such as lack of hand sanitizer or sufficient opportunities to wash hands. See Exhibit - Affidavit from Brie Williams, M.D. Conditions of confinement create an ideal environment for the transmission of highly contagious diseases like COVID-19 See id. ("Because inmates live in close quarters, there is an extraordinary high risk of accelerated transmission of COVID-19 within jails and prisons.

Inmates share small cells , eat together and use the same bathrooms and sinks... They are not given tissues or sufficient hygiene supplies. In jails the probability of transmission of potentially pathogenic organisms is increased by ~~crowdings~~, delays in medical evaluation and treatment, rationed access to soap, water, and clean laundry and insufficient infection control expertise. See Joseph A. Blick (2007). *Infection control in Jails and Prisons . Clinical infectious Diseases* 45(8):1047-1055, at <https://academic.oup.com/cid/article/45/8/1047/344842>.

As the pandemic has persisted , jails officials have exposed the insufficiency of protective measures in federal facilities accross the country. For example the Warden at FCI Fort Dix said : "Social distancing is not possible at this environment. (See A.C.L.U of New Jersey , Press release, availabe at <https://aclu-nj.org/news/2020/05/04/medically-vulnerable-people-federal-prison-file-class-action>.

At FCI Ray Brook, the head of the correctional workers union said: The measures put in place are nothing more than an attempt to appear that we are addressing the issues, while in reality we are doing nothing. See* James Weldon, Correctional Officers' Union Sounds the Alarm, Adirondack Daily Enterprise (Mar. 24, 2020) available at <https://www.adirondackdailyenterprise.com/opinion/guest-commentary/2020/03/correctional-officers-union-at-fci-ray-brook-sounds-the-alarm/>.

In the community where FCC Lompoc is located, the mayor stated that * the spread of COVID-19 in the community is largely due to the

prison and could have been curbed if prison leaders acted sooner and were more transparent. See Kimberly Kindy, et al., These towns love their federal prison. But COVID-19 is straining their relationship. The Washington Post, May 9, 2020, available at https://www.washingtonpost.com/national/these-towns-love-their-federal-prison-but-covid-19-is-straining-their-relationship/2020/05/08/68e93702-9084-11-ea-9e23-6914ee410a5f_story.html.

Petitioner is housed at a GEO facility which is run by the same GEO Group that :

1. Was found in 2013 guilty of "Doctoring its own Wikipedia Page".
2. Has been classified by the A.C.L.U. as "Prison profiteers"
3. GEO secretly banned COVID-19 testing thus makes them complicit in the policy of endangering Inmates health and well being..
4. The A.C.L.U. in a recent filing against GEO California found that GEO when considering releasing an inmate strucken with cancer was on the record of saying "...but he is not dying fast enough, to warrant a dire situation. "
5. In 2018 it was found "ICE contactor (GEO) scares activists with legal threats in an effort to cover up misdoings. - Source: A.C.L.U.
6. In a recent interview with the A.C.L.U. it was a general consensous among inmates at GEO "They dont care if you die".

There is a significant reason to believe that the number of positive cases reported in federal prisons are artificially low.

If the prisons are not testing people , they cannot say whether or not the virus is under control. Indeed the BOP facilities at Oakdale , Elkton, and Butner all posted low numbers shortly before inmates started dying; There are over 21 deaths among these facilities alone Id.

As a private fecility , Moshannon Valley is far more of a black box regarding the information that is made available to the public. Unlike BOP facilities accross the country , Moshannon Valley does not post its statistics on the BOP website , tallying rates of infection and death. Nor to date, is anyone aware of any independent inspections or litigation regarding the conditions there. At the GEO facility in Queens , NEW York, GEO has tested only 44 inmates and 39 of them were positive. The actual rates might be even higher. That is a rate of 89 percent. There were also 30 positive

staff members.

GEO Queens medical team is severely understaffed. There is only one physician , Dr. Sajjad Mohammad, and one Registered Nurse (RN) on staff, both of whom visit the facility infrequently . Currently , only one health professional - a licenced practical Nurse (LPN) - visits the facility on a daily basis. The LPN makes only cursory rounds to hand out pre-prescribed medication , take temperatures, and monitor high risk and COVID-19 positive inmates. Inmates are left alone with no medical monitoring for many hours at a time and there are no medical staff onsite at the facility at night. Moreover, because the LPNs are not licenced to prescribe medications or perform medical procedures, inmates who are experiencing symptoms of COVID-19 , but who have not been tested, cannot obtain needed medications or treatment. Given the current conditions at GEO Queens , it is likely that the majority of the inmate population has been exposed to COVID-19 but who have not been tested cannot obtain treatment.

Given that they run by the same company , logic dictates that Moshannon Valley C.I. may have similar medical staffing shortcomings. Moshannon Valley C.I. has at least three staff members tested positive.

As of October 25 2020, Unit A was placed on a strict lockdown by fear of COVID-19 outbreak, while the remaining compound inmates are kept in the dark without any updates.

When queried by any inmates about anything COVID-19 related the the Unit Manager responded facetiously " I did not know that we now house Dr. Fauci's here ".

So the statistics that Moshannon Valley (if any) publishes are misleading. There has been no testing to any inmates for COVID-19. Courts have repeatedly discounted the government's reliance on a rate of zero in the absence of widespread or any testing. Petitioner urges the court to do the same.

Another Court has recently granted a compassionate release petition for a defendant who was also serving time at Moshannon Valley C.I. See. United States v. Molina Acevedo, 18 Cr. 365(LGS), 2020 WL 3182770 (S.D.N.Y. June 15, 2020). In that case, Judge Schofield credited the defendant's description of the living situation at the

the facility. Id. at *3 ("a Unit with seventy four inmates who share three toilets and showers, a single sink to wash their hands, and four or five other sinks for washing personal items.

Also , Petitioner want to bring to Court's attention the fact that an additional layer of quarantine was implemented due to a severe varicella outbreak . During this heightened period of uncertainty which caused severe angst to the inmates the facility blocked the ability to change weekly linen that was afforded to the inmates which resulted in a three week fermentation of the virus in the pod. To underscore this point the mental anguish in which the inmates faced was monumental to say the least. Daily sick calls to the prison psychiatrist increased seven fold due to the stress and anxiety increase.

The deplorable confined conditions the inmates face include make shift Gyms in the toilets , Christian bible studies in the limited shower stalls, petitioner asks the court to imagine to have seventy four grown men living in a thousand square foot area. The previous referenced Gym facility and bible study facility in toilets ans shower stalls may seem laughable to some but it is the harsh reality behind the veiled doors of GEO Moshannon Valley.

On October 30, 2020 the curtains used to partition the three toilets were inexplicably removed in the wee hours of the morning. To the dismay and shagrin to the inmates who awoke to use the gentlemen's convinience as part of the morning routine, there were shocked and dishearten to come to the realization that they would have to use the toilet "for number 2 purposes" (using the prison Jargon) in full view of the entire dorm, and while other inmates where brushing their teeth less than one foot away and using the microwave less than 6 feet away to make their morning breakfast. This is nothumane conditions.

Also, as of three months ago there were 6125 federal inmates and 700 BOP staff members that have tested positive for COVID-19.

On November 4 2020, at 09:20 am , The Facility Administrator L.J.Oddo escorted by United Manager D. Jones announced at Charlie Unit that 4 staff members have been tested positive for COVID. To this date no widespread Inmate testing has been conducted. So up to this date, nobody has any idea how many inmates have been tested.

The chances that there actually no people (inmates) with COVID-19 at Moshannon Valley are very slim. For example the federal prisons In California , finally engaged in a widespread testing, and they found 70 percent of the population at Lompoc and 65 percent of the population at FCI terminal island were positive for COVID-19. In Pennsylvanis where Moshannon Valley is located there are at least 75,800 cases of coronavirus and at least 7,000 deaths. See Pennsylvania Department of Health website , available at <https://health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx>. The virus has specifically arrived at Clearfield county , where Moshannon Valley C.I. is located. That the virus has entirely spared the facility (or that it will continue to) ignores our collective experience during this global pandemic. See United States v. Pagliuca 17 Cr. 432(CS), Dkt. No. 63 (S.D.N.Y. May 18, 2020) (holding that despite there being no positive cases yet at FCI Fort Dix low security prison facility , "that reduces the risk to Defendant, although of course the situation could change at any time , and of course anyone in an institution where social distancing is not possible - be it a prison or a nursing home - is by definition increased risk"). Of course the danger during this pandemic is that safety today does not guarantee safety tomorrow. Thus a number of courts have ordered compassionate release for high risk prisoners in prisons including Moshannon Valley C.I see United States v. Molina Acevedo, 18 Cr. 365(LGS) , 2020 WL 3182770 (S.D.N.Y. June 15, 2020) and United States v. Frometa Hernandez (N.Y.S.D.), See United States v. Asaro, 17 Cr. 127 (ARR), 2020 WL 1899221 at * 6 (E.D.N.Y Apr, 17, 2020) (granting compassionate release because although there were no confirmed cases of COVID-19 at Springfield (prison were the defendant was housed) I cannot conclude that no cases are in fact present without assurances that the BOP is routinely testing everyone within the facility).

United States v. Pabon, 17 Cr. 165 Dkt. No. 118 (E.D. Pa. , May 4, 2020) (granting compassionate release because if the Court waits to act until BOP confirms its first case of COVID-19 at Lewisburg, it may be too late for vulnerable inmates like the defendant , and the court is not willing to take that risk)
United States v. Fazio, 11 Cr. 873(ER). Dkt. No. 329 (S.D.N.Y May 15, 2020) granting compassionate release for a defendant at FCI Fort Dix low facility); United States v. Pagliuca, 17 Cr. 432 (CS), Dkt. No. 63 (S.D.N.Y. May 18, 2020) (same); United States v. Joel Prado, 13Cr. 811 (ALC), Dkt. No. 722 (S.D.N.Y. Apr. 30, 2020) (Granting compassionate release for a defendant at FCI Schuylkill; United States v. Ozols, 16 Cr. 692 (JMF), Dkt. No. 488 (S.D.N.Y. Jun 2, 2020) (granting compassionate release for a defendant at FSL Jessup).

Petitioner's Immigration detainer is not Disqualifying.

The Warden at Moshannon Valley CI based his denial of Petitioner's request for compassionate release on the fact that Petitioner is a deportable alien and because Immigration and Customs Enforcement (ICE) has lodged a detainer for deportation proceedings..

See Exhibit - Warden's Response and Administrative Process
Therefore the Warden writes that Petitioner is ineligible for community programs to include halfway house , home confinement and compassionate release.

This stated bar however does not appear in 18 U.S.C § 3582 nor does it appear as a bar in the applicable Bureau of Prisons program statement. Unresolved detainees fall into the category of circumstances that should be considered along with the nature and circumstances of the offense, criminal history, supervised released violations, among many other factors. See Programs statement 5050.50 at p.12 available at https://www.bop.gov/policy/progstat/5050_050_EN.pdf.

The program statement cautions that all detainees and holds should be resolved prior to the Warden's submission of a case ; If a detainer cannot be resolved , then an explanation is needed. Id. at p.13. Thus, under BOP's own criteria , the detainer is simply

one factor in the Warden's consideration that requires comment if unresolved. It is not disqualifying.

Moreover, the Warden's view, leaves Petitioner in a catch-22. He notes that if a decision is made in regards to Petitioner's deportation status and he is determined to be not deportable the inmate becomes eligible for those programs. In other words, in the Warden's view, the first step here is for ICE to determine whether Petitioner is deportable. If not, he will be eligible for community based programs, and so could be granted release. But ICE will make no deportability determination until after Petitioner is released from federal criminal custody. (indeed that is the purpose of a detainer: ICE notifies the prison that it would like an opportunity to process him before his release to community). Thus Petitioner is being told that he cannot get early release because ICE has a hold- and the decision about that hold cannot be made until he is released. Such a paradox should not limit Petitioner's eligibility for release during a global pandemic. The detainer simply protects ICE's opportunity to process Petitioner after the federal criminal justice system is finished with him. Here, Petitioner encourages the court to finish with him immediately.

Summary

For all the reasons set herein , Petitioner moves the court immediately grant :

1. Reduction in sentence
2. Compassionate Reelase
3. Immediate release from federal incarceration
4. Any other reliefs and remedies afforded to Petitioner under the statutes that would govern and facilitate reduction in sentence compassion release under the Court's authority and Jurisdiction.

Petitioner has met his burden of proof, in proving extraordinary and compelling circumstances

Petitioner has exhausted his administrative remedies.

Petitioner is not a threat nor danger to society

Petitioner is rehabilitated.

Very Respectfully Submitted this 1 day of March 2021

by: Juan Carlos Camillo

JUAN CARLOS CAMILLO POLANCO

BOP # 454 34 054 , MVCC

555 GEO Drive

Philipsburg, PA, 16866

Exhibit : Affidavit of Truth

THAT Affiant deeply respects the laws and statutes of this Country.
THAT Affiant is willing to be submitted to voluntary deportation
and that adheres to all requirements from DHS ICE.

THAT Affiant declares through First hand knowledge and experiencing
incarceration both in a COVID era and non COVID Era that the Virus
combined with lockdown measures , combined with pre existing
health conditions is Extraordinary and compelling in its self.

Signed this 1 day of March 2021
Without Prejudice

By: Juan Carlos Camillo
JUAN CARLOS CAMILLO POLANCO

AFFIDAVIT AND DECLARATION OF TRUTH

"No more than an affidavit is necessary to make prima facie case"

United States v. Kis, 658 F.2, 526, 536, 7th Cir. 1981, Cert denied,
50 U.S L.W. 2169; S. ct. March 22, 1982.

I, JUAN CARLOS CAMILLO POLANCO, herein after, "Affiant", being first duly sworn, depose, say and declare by my signature that the following facts are true, correct and complete to the best of my knowledge and belief :

THAT, Affiant is competent to state the matters included in this declaration, has knowledge of the facts , and declared that to the best of his knowledge , the statements made in his affidavit are true, correct, and not meant to mislead.

THAT Affiant is not a threat to society or any other human being.

THAT Affiant is not a danger to society or any other human being.

THAT Affiant has been rehabilitated.

THAT Affiant has denounced any and all criminal behavior, thought and inclination.

THAT Affiant has served a fair and sufficient amount of imposed sentence under extremely harsh conditions and within a deadly viral environment. This consisted of no less than three other viral outbreaks coupled with COVID 19 in the locked housing POD where Affiant resides.

THAT Affiant declares through First hand knowledge and experience that One day of lock down in COVID 19 era equates to Three 1 days of incarceration under normal circumstances.

THAT Affiant had minimal to non existent access to appropriate PPE , disinfectants and hygiene products during COVID lockdown.

THAT Affiant was deprived of educational programs, faith based services, Vocational programs, fresh air movement, recreational time, physical exercise, ability to social distance, balanced and nutritional diet and basic laundry services during COVID lockdown.

Exhibit : Affidavit of Brie Williams

**APPLICATION FOR RELEASE FROM
CUSTODY**

**AFFIDAVIT OF BRIE WILLIAMS,
M.D.**

I, Brie Williams, hereby affirm as follows:

1. I am a doctor duly licensed to practice medicine in the State of California.
 2. I am currently a Professor of Medicine at the University of California, San Francisco ("UCSF") in the Geriatrics Division, Director of UCSF's Amend: Changing Correctional Culture Program, as well as Director of UCSF's Criminal Justice & Health Program. In that capacity, my clinical research has focused on improved responses to disability, cognitive impairment, and symptom distress in older or seriously ill prisoners; a more scientific development of compassionate release policies; and a broader inclusion of prisoners in national health datasets and in clinical research. I have developed new methods for responding to the unique health needs of criminal justice-involved older adults—including an evidence-based approach to reforming compassionate release policies and the design of a new tool to assess physical functioning in older prisoners. I was previously a consultant for the California Department of Corrections and Rehabilitation, as well as for other state prison systems.

4. I submit this affidavit in support of any defendant seeking release from custody during the COVID-19 pandemic, so long as such release does not jeopardize public safety and the inmate can be released to a residence in which the inmate can comply with CDC social distancing guidelines. The statements in this affidavit are based only on the current state of emergency and the circumstances described below.

The Risk of Infection and Accelerated Transmission of COVID-19 within Jails and Prisons is Extraordinarily High.

5. Prisons and jails are not actually isolated from our communities: hundreds of thousands of correctional officers and correctional healthcare workers enter these facilities every day, returning to their families and to our communities at the end of their shifts, bringing back and forth to their families and neighbors and to incarcerated patients any exposures they have had during the day. Access to testing for correctional staff has been “extremely limited,” guards have reported a “short supply” of protective equipment, and prisons are not routinely or consistently screening correctional officers for symptoms.¹

6. The risk of exposure is particularly acute in pre-trial facilities where the inmate populations shift frequently.² For example, despite the federal government’s guidance to stay

¹ Keegan Hamilton, *Sick Staff, Inmate Transfers, and No Tests: How the U.S. Is Failing Federal Inmates as Coronavirus Hits*, Vice (Mar. 24, 2020), https://www.vice.com/en_ca/article/jge4vg/sick-staff-inmate-transfers-and-no-tests-how-the-us-is-failing-federal-inmates-as-coronavirus-hits.

See also Daniel A. Gross, “*It Spreads Like Wildfire*”: *The Coronavirus Comes to New York’s Prisons*, The New Yorker (Mar. 24, 2020), <https://www.newyorker.com/news/news-desk/it-spreads-like-wildfire-covid-19-comes-to-new-yorks-prisons>; Josiah Bates, ‘*We Feel Like All of Us Are Gonna Get Corona.’ Anticipating COVID-19 Outbreaks, Rikers Island Offers Warning for U.S. Jails, Prisons*, Time (Mar. 24, 2020), <https://time.com/5808020/rikers-island-coronavirus/>; Sadie Gurman, *Bureau of Prisons Imposes 14-Day Quarantine to Contain Coronavirus*, WSJ (Mar. 24, 2020), <https://www.wsj.com/articles/bureau-of-prisons-imposes-14-day-quarantine-to-contain-coronavirus-11585093075>; Cassidy McDonald, *Federal Prison Workers Say Conflicting Orders on Coronavirus Response Is Putting Lives at Risk*, CBS News (Mar. 19, 2020), <https://www.cbsnews.com/news/coronavirus-prison-federal-employees-say-conflicting-orders-putting-lives-at-risk-2020-03-19/>.

² Emma Grey Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*, Wired (Mar. 24, 2020), <https://www.wired.com/story/coronavirus-covid-19-jails-prisons/>.

inside and many states' stay-in-place orders, many prosecutors are still arresting individuals and seeking detention.³ Pre-trial detention facilities are still accepting new inmates who are coming from communities where COVID-19 infection is rampant. As of today's date, the Bureau of Prisons is still moving inmates from facility to facility, including prisoners in New York.⁴

7. Because inmates live in close quarters, there is an extraordinarily high risk of accelerated transmission of COVID-19 within jails and prisons. Inmates share small cells, eat together and use the same bathrooms and sinks. They eat together at small tables that are cleaned only irregularly. Some are not given tissues or sufficient hygiene supplies.⁵ Effective social distancing in most facilities is virtually impossible, and crowding problems are often compounded by inadequate sanitation, such as a lack of hand sanitizer or sufficient opportunities to wash hands.⁶

Inmate Populations Also Have the Highest Risk of Acute Illness and Poor Health Outcomes if Infected with COVID-19.

8. There are more than 2.3 million people incarcerated in the United States⁷

³ Stephen Rex Brown, '*Business as Usual*' For Federal Prosecutors Despite Coronavirus, Nadler Writes, *Calling for Release of Inmates*, N.Y. Daily News (Mar. 20, 2020), <https://www.nydailynews.com/new-york/ny-nadler-doj-inmates-20200320-d6hbdjcujsaitppi3ui2xz7tjy-story.html>.

⁴ Courtney Bublé, *Lawmakers, Union Urge Halt to All Prison Inmate Transfers*, Government Executive (Mar. 25, 2020), <https://www.govexec.com/management/2020/03/lawmakers-union-urge-halt-all-prison-inmate-transfers/164104/>; Hamilton, *Sick Staff, Inmate Transfers*; Luke Barr, *Despite Coronavirus Warnings, Federal Bureau of Prisons Still Transporting Inmates*, ABC News (Mar. 23, 2020), <https://abcnews.go.com/Health/warnings-bureau-prisons-transporting-inmates-sources/story?id=69747416>.

⁵ Justine van der Leun, *The Incarcerated Person Who Knows How Bad It Can Get*, Medium (Mar. 19, 2020), <https://gen.medium.com/what-its-like-to-be-in-prison-during-the-coronavirus-pandemic-1e70d0ca3c5> ("If you don't have money, you don't have soap or tissues."); Keri Blakinger and Beth Schwartzapfel, *How Can Prisons Contain Coronavirus When Purrell Is a Contraband?*, ABA Journal (Mar. 13, 2020), <https://www.abajournal.com/news/article/when-purrell-is-contraband-how-can-prisons-contain-coronavirus>.

⁶ Rosa Schwartzburg, '*The Only Plan the Prison Has Is to Leave Us To Die in Our Beds*', The Nation (Mar. 25, 2020), <https://www.thenation.com/article/society/coronavirus-jails-mdc/>.

⁷ Kimberly Kindy et al., '*Disaster Waiting to Happen*: Thousands of Inmates Released as Jails and Prisons Face Coronavirus Threat', Washington Post (Mar. 25, 2020), https://www.washingtonpost.com/national/disaster-waiting-to-happen-thousands-of-inmates-released-as-jails-face-coronavirus-threat/2020/03/24/761c2d84-6b8c-11ea-b313-df458622c2cc_story.html.

approximately 16% of whom are age 50 or older.⁸ The risk of coronavirus to incarcerated seniors is high. “Their advanced age, coupled with the challenges of practicing even the most basic disease prevention measures in prison, is a potentially lethal combination.”⁹ To make matters worse, correctional facilities are often ill-equipped to care for aging prisoners, who are more likely to suffer from chronic health conditions than the general public.

9. An estimated 39-43% of all prisoners, and over 70% of older prisoners, have at least one chronic condition, some of the most common of which are diabetes, hypertension, and heart problems.¹⁰ According to the CDC, each of these conditions—as well as chronic bronchitis, emphysema, heart failure, blood disorders, chronic kidney disease, chronic liver disease, any condition or treatment that weakens the immune response, current or recent pregnancy in the last two weeks, inherited metabolic disorders and mitochondrial disorders, heart disease, lung disease, and certain neurological and neurologic and neurodevelopment conditions¹¹—puts them at a “high-risk for severe illness from COVID-19.”¹²

⁸ Brie Williams *et al.*, *Strategies to Optimize the Use of Compassionate Release from US Prisons*, 110 AJPH S1, S28 (2020), available at <https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305434>; Kimberly A. Skarupski, *The Health of America’s Aging Prison Population*, 40 Epidemiologic Rev. 157, 157 (2018), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982810/>.

⁹ Weihua Li and Nicole Lewis, *This Chart Shows Why the Prison Population is So Vulnerable to COVID-19*, The Marshall Project (Mar. 19, 2020), <https://www.themarshallproject.org/2020/03/19/this-chart-shows-why-the-prison-population-is-so-vulnerable-to-covid-19>.

¹⁰ Brie A. Williams *et al.*, *How Health Care Reform Can Transform the Health of Criminal Justice-Involved Individuals*, 33 Health Affairs 462-67 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4034754/>; Brie A. Williams *et al.*, *Coming Home: Health Status and Homelessness Risk of Older Pre-release Prisoners*, 25 J. Gen. Internal Med. 1038-44 (2010), available at <https://link.springer.com/content/pdf/10.1007/s11606-010-1416-8.pdf>; Laura M. Maruschak *et al.*, *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12*, U.S. Dept of Justice (Oct. 4, 2016), at 5, available at <https://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>.

¹¹ Harvard Health Publishing, *Coronavirus Research Center*, Harvard Medical School (Mar. 25, 2020), <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>.

¹² Centers for Disease Control and Prevention, *Coronavirus Disease 2019: People Who Are at Higher Risk*, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html> (last updated Mar. 22, 2020).

10. However, even many young federal prisoners suffer from asthma, rendering them also very vulnerable to coronavirus.¹³

11. But it is not only the elderly, or those with preexisting medical conditions that are at risk of coronavirus in a correctional setting. As of March 23, 2020, New York City reported that “[p]eople ranging in ages from 18 to 44 have accounted for 46 percent of positive tests.”¹⁴ Across the United States, 38% of those hospitalized are between the ages of 20 and 54 and 12% of the intensive care patients are between 20 and 44.¹⁵

12. This data is of particular concern for inmate populations, since prisoners’ physiological age *averages 10 to 15 years older* than their chronological age.¹⁶ Therefore, the consensus of those who study correctional health is that inmates are considered “geriatric, by the age of 50 or 55 years.”¹⁷ It is not clear that prison health care administrations are taking accelerated ageing into account when determining the eligibility criteria for age-related screening tools and medical care protocols for coronavirus, potentially leaving large swathes of the prison population at risk.¹⁸

¹³ Laura Maruschak, *Medical Problems of Jail Inmates*, Dep’t of Justice (Nov. 2006), at p. 2, available at <https://www.bjs.gov/content/pub/pdf/mjji.pdf>.

¹⁴ Kimiko de Freitas-Tamura, *20-Somethings Now Realizing That They Can Get Coronavirus, Too*, N.Y. Times (Mar. 23, 2020), <https://www.nytimes.com/2020/03/23/nyregion/nyc-coronavirus-young.html>.

¹⁵ *Id.*

¹⁶ Brie A. Williams *et al.*, *Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care*, 102 Am. J. Public Health 1475-81 (2012), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464842/>; see also Brie Williams *et al.*, *Detained and Distressed: Persistent Distressing Symptoms in a Population of Older Jail Inmates*, 64 J. Am. Geriatrics Soc. 2349-55 (2016), <https://onlinelibrary.wiley.com/doi/pdf/10.1111/jgs.14310> (“For example, older jail inmates with an average age of 60 in this study reported poor or fair health [and] chronic lung disease . . . at rates similar to those reported by community-based lower income older adults with an average age of 72.”).

¹⁷ Brie A. Williams *et al.*, *The Older Prisoner and Complex Chronic Medical Care* 165-70 in World Health Organization, *Prisons and Health* (2014), <https://pdfs.semanticscholar.org/64aa/10d3cff5800ed42dd152fcf4e13440b6f139.pdf>.

13. In one study, we found that inmates who died in hospitals were, on average, nearly two decades younger than non-incarcerated decedents, had significantly shorter hospitalizations, and had higher rates of several chronic conditions including cancer, liver disease and/or hepatitis, mental health conditions, and HIV/AIDS.”¹⁹

The Entire Community is at Risk If Prison Populations Are Not Reduced

14. As the World Health Organization has warned, prisons around the world can expect “huge mortality rates” from Covid-19 unless they take immediate action including screening for the disease.²⁰

15. As of March 24, 2020, at least 38 people involved in the New York City correctional system have tested positive for Covid-19.²¹ Already, three inmates and three staff at federal correctional facilities across the United States have tested positive for the coronavirus, according to the Federal Bureau of Prisons.²²

16. Jails and prisons are fundamentally ill-equipped to handle a pandemic.

17. Medical treatment capacity is not at the same level in a correctional setting as it is in a hospital. Some correctional facilities have no formal medical ward and no place to quarantine

¹⁸ Brie A. Williams *et al.*, *Differences Between Incarcerated and Non-Incarcerated Patients Who Die in Community Hospitals Highlight the Need For Palliative Care Services For Seriously Ill Prisoners in Correctional Facilities and in Community Hospitals: a Cross-Sectional Study*, 32 J. Palliative Med. 17-22 (2018), available at <https://journals.sagepub.com/doi/pdf/10.1177/0269216317731547>.

¹⁹ *Id.* at 20.

²⁰ Hannah Summers, ‘Everyone Will Be Contaminated’: Prisons Face Strict Coronavirus Controls, The Guardian (Mar. 23, 2020), <https://www.theguardian.com/global-development/2020/mar/23/everyone-will-be-contaminated-prisons-face-strict-coronavirus-controls>.

²¹ Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*.

²² Ryan Lucas, *As COVID-19 Spreads, Calls Grow to Protect Inmates in Federal Prisons*, NPR (Mar. 24, 2020), <https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820618140/as-covid-19-spreads-calls-grow-to-protect-inmates-in-federal-prisons>.

sick inmates, other than the facilities' Special Housing Unit (SHU).²³ While the cells in the SHU have solid doors to minimize the threat of viral spread in otherwise overcrowded facilities, they rarely have intercoms or other ways for sick inmates to contact officers in an emergency.²⁴ This is particularly dangerous for those with COVID-19 infection since many patients with COVID-19 descend suddenly and rapidly into respiratory distress.²⁵

18. Even those facilities that do have healthcare centers can only treat relatively mild types of respiratory problems for a very limited number of people.²⁶ This means that people who become seriously ill while in prisons and jails will be transferred to community hospitals for care. At present, access to palliative care in prison is also limited.

19. Corrections officers may also be particularly vulnerable to coronavirus due to documented high rates of diabetes and heart disease.²⁷ Prison staff in Pennsylvania, Michigan, New York and Washington state have tested positive for the virus, resulting in inmate quarantines. In Washington, D.C., a U.S. marshal who works in proximity to new arrestees tested positive for the virus, meaning dozens of defendants headed for jail could have been exposed.²⁸ In New York,

²³ MCC New York COVID 19 Policy Memo, Mar. 19, 2020, <https://www.documentcloud.org/documents/6818073-MCC-New-York-COVID-19-Policy-Memo.html>; Danielle Ivory, '*We Are Not a Hospital': A Prison Braces for the Coronavirus*', N.Y. Times (Mar. 17, 2020), <https://www.nytimes.com/2020/03/17/us/coronavirus-prisons-jails.html>.

²⁴ Brie Williams *et al.*, *Correctional Facilities in the Shadow of COVID-19: Unique Challenges and Proposed Solutions*, Health Affairs (Mar. 26, 2020), <https://www.healthaffairs.org/doi/10.1377/hblog20200324.784502/full/>.

²⁵ Lizzie Presser, *A Medical Worker Describes Terrifying Lung Failure From COVID-19—Even in His Young Patients*, ProPublica (Mar. 21, 2020), <https://www.propublica.org/article/a-medical-worker-describes--terrifying-lung-failure-from-covid19-even-in-his-young-patients>.

²⁶ Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*; Li and Lewis, *This Chart Shows Why the Prison Population is So Vulnerable to COVID-19*.

²⁷ Brie Williams, *Role of US-Norway Exchange in Placing Health and Well-Being at the Center of US Prison Reform*, <https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305444> (published Jan. 22, 2020).

²⁸ Zusha Eliason and Deanna Paul, *Jails Release Prisoners, Fearing Coronavirus Outbreak*, WSJ (Mar. 22, 2020), <https://www.wsj.com/articles/jails-release-prisoners-fearing-coronavirus-outbreak-11584885600> ("We're all headed for some dire consequences," said Daniel Vasquez, a former warden of San Quentin and Soledad state prisons in

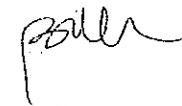
236 members of the New York Police Department have tested positive for coronavirus and 3,200 employees are sick, triple the normal sick rate.²⁹ Two federal prison staffers have also tested positive.³⁰

20. For this reason, correctional health is public health. Decreasing risk in prisons and jails decreases risk to our communities.

21. Reducing the overall population within correctional facilities will also help medical professionals spread their clinical care services throughout the remaining population more efficiently. With a smaller population to manage and care for, healthcare and correctional leadership will be better able to institute shelter in place and quarantine protocols for those who remain. This will serve to protect the health of both inmates as well as correctional and healthcare staff.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: San Francisco, California
March 27, 2020



Dr. Brie Williams

California. "They're in such close quarters—some double- and triple-celled—I think it's going to be impossible to stop it from spreading.").

²⁹ Erin Durkin, *Thousands of NYPD Officers Out Sick Amid Coronavirus Crisis*, Politico (Mar. 25, 2020), <https://www.politico.com/states/new-york/albany/story/2020/03/25/thousands-of-nypd-officers-out-sick-amid-coronavirus-crisis-1268960>.

³⁰ Elinson and Paul, *Jails Release Prisoners, Fearing Coronavirus Outbreak*.

Exhibit : Administrative Remedies

Administrative Remedy
Step 2 – Response

Date Filed: February 2, 2021 Remedy ID No.: MVCF-2021-2-027

Inmate Name: Juan Camilo-Polanco Reg. No.: 45434-054

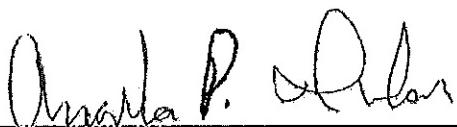
This is in response to your Step 2 Administrative Remedy dated February 1, 2021, in which you request a Compassionate Release.

A thorough review of your request was completed. At present, your information reveals that you have a Public Safety Factor of Deportable Alien. During the designation process, the Bureau of Prisons, Designation and Sentence Computation Center, applied the Public Safety Factor of Deportable Alien, due to your citizenship to Dominican Republic. Additionally, a decision by immigration officials in regards to your deportation status remains pending.

Due to this information, you appear ineligible for a compassionate release at this time.

You have exhausted all of your Administrative Remedies at this level.

2/11/21



Date: Angela P. Dunbar, Director of Operations



FEB 02 2021

A handwritten signature consisting of the letters 'CB' enclosed in a circle.

 Correctional Programs
 Administrative Remedies

MOSHANNON VALLEY CORRECTIONAL CENTER
Step 2 Administrative Remedy Form
Paso 2 Forma De Remedio Administrativo

Name: Nombre:	Juan Carlos Camilo Polanco	BOP Number: BOP Numero:	45434-054
Date: Fecha:	01-12-21	Housing Assignment: Unidad Asignada:	C5
FOR OFFICIAL USE ONLY – PARA USO OFICIAL SOLAMENTE			
Date Received: 02-01-2021	Remedy #: 2021-02-021	Date Due:	

Complaint – Reclamo

Describe your complaint in the section below. Be as concise as possible, but be sure to include enough identifying data to assist in a thorough investigation (e.g. dates, names, locations, times, etc...) Attach one (1) additional page if necessary and the Informal Resolution Form and Step 1 response with any other supporting documentation.

Describe su telaino en la sección de abajo. Dea lo mas breve posible, pero asegurese de incluir suficiente información para asistir en una completa investigación (pe.. Fechas, nombres, ubicaciones, tiempos, etc...) Agregue una pagina si es necesario.

Please reconsider Warden's decision to deny my request for compassionate release pursuant 18 USC 3582 and 4202.
 Thank you in advance.

Juan Carlos Camilo
 Inmate Signature

01-12-21
 Date

*CHSL
C5-AU*

January 6, 2021

Inmate: Camilo-Polanco, Juan Carlos
 Reg. No.: 45434-054

GEO Secure Services™
 Moshannon Valley Correctional Facility
 555 GEO Drive
 Philipsburg, PA 16866
 Tel: 814-768-1200

www.geogroup.com

Re: Inmate Request to Staff requesting Consideration of Compassionate Release.

I write in response to the Compassionate Release Request received January 6, 2021. A review of the request has been completed pursuant to Bureau of Prisons Program Statement 5050.50 dated January 17, 2019, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C §§ 3582 and 4202(g).

After careful review of your request, it appears that you are ineligible based on the requirements for consideration set forth by the Bureau of Prisons.

Detainer Status: Yes or No— If an inmate has an ICE Detainer or the Public Safety Factor of Deportable Alien, the inmate is ineligible for community based programs to include halfway house, home confinement, and compassionate releases; however, if a decision is made in regards to his deportation status and he is determined to be not deportable, the inmate becomes eligible for those programs.

The following section would need to be filled out on all eligible cases:

Twelve (12) month institutional history:

N/A

Verifiable release plan:

N/A

Offense History:

N/A

Security Level of Facility:

N/A



PATTERN Score:

N/A

Age and vulnerability of the inmate to COVID-19, in accordance with the CDC Guidelines:

N/A

Other Factors:

During the designation process, the Bureau of Prisons, Designation and Sentence Computation Center, applied the Public Safety Factor of Deportable Alien, due to your citizenship to the Dominican Republic. A decision by immigration officials in regards to your deportation status remains pending.

Given the above factors, it does not appear that you are eligible for Compassionate Release. This recommendation is non-final and may be appealed thru the Bureau of Prisons Administrative Remedy Procedures outlined in the Inmate Admission and Orientation Handbook.

It should also be noted that we are following the CDC and Bureau of Prisons Guidelines for social distancing, sanitation, education, screening of staff and inmates, and quarantine, as well as established universal precautions to every extent possible.

Sincerely,

A handwritten signature in black ink, appearing to read "L.J. Oddo".

L.J. Oddo
Facility Administrator

cc: SSIM
Contracting Officer

JB



MEMORANDUM

Date: December 30, 2020

To: Camilo, Juan
Req. No.: 45434-054

From: J. J. Oddo, Facility Administrator

Moshannon Valley
Correctional Facility
555 GEO Drive
Philipsburg, PA 16866
(814)768-1200

www.geogroup.com

RE: INMATE REQUEST TO A STAFF MEMBER

I am in receipt of your Inmate Request to a Staff Member requesting a Compassionate Release.

Per BOP PS 5050.50, Compassionate Release/Reduction in Sentence, you must provide the extraordinary or compelling circumstances which could not reasonably have been foreseen by the court at the time of your sentencing. Your request to the Facility Administrator must at a minimum contain:

1. The extraordinary or compelling circumstances that the inmate believes warrant consideration.
2. Proposed release plans, including where the inmate will reside, how the inmate will support himself/herself, and, if the basis for the request involves the inmate's health, information on where the inmate will receive medical treatment, and how the inmate will pay for such treatment.

I trust this addresses your concerns.

I SUFFER From ARTHRITIS, DIABETIS
Hypertension SINCE 2016 HAD Family
THAT HAS PAST AWAY Due To covid 19
I will Be Deported my wife will support
me in my country Dominican Republic
we HAVE insure AND will Be TAKEN
CARE



Moshannon Valley Correctional Facility

CV-36
JRC

INMATE REQUEST TO A STAFF MEMBER
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

WARDEN

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

I will like to file for compassion
RELEASE DUE TO COVID-19
AND MY MEDICAL ISSUES.

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.) (USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: JUAN CARLOS CAMILO

NO. / Numero: HSH3H-0521

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: C-1 UNIT/UNIDAD:

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.
 NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE) DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

DATE/FECHA:

Officer/Official

Exhibit : Family Support Letters

24/12/2020

Distinguido y honorable juez después de saludarle y esperar que se encuentre usted bien le escribo estas líneas para expresarle lo siguiente: Mi nombre es María Teresa MENA Rojas, soy Dominicana, Mayor de edad, cedula de identidad y electoral No.056-0125203-3, soy la esposa de JUAN CARLOS CAMILO POLANCO Numero de caso 4543-054, tenemos 25 años de unión, en la cual hemos procreado dos hijos, de nombre John Carlos Camilo de 19 años de edad y Camila Nicole Camilo de 7 años de edad, mis hijos y yo estamos pasando una situación muy triste y difícil, ya que los niños todos los días me preguntan que cuando van a estar con su papa, yo como madre me siento destruida por no poder decirle a mis hijos el tiempo que van a durar para ver a su padre, mi esposo es todo para nosotros, nuestras vidas no son igual sin él, es difícil para una madre criar a sus hijos sola, no le puedo dedicar el tiempo necesario que ellos merecen ya que debo trabajar duro para darle el sustento y educación que ellos merecen ,mi esposo era el proveedor de nuestra familia y yo me encargaba del hogar y la educación de los niños, cosa que ya no puedo hacer por trabajar fuera del hogar, le pido con todo respeto y con todo mi corazón que le de una oportunidad a mi esposo para que pueda regresar a la casa conmigo y nuestros hijos, Honorable JUEZ, mi esposo es un hombre bueno, dedicado a su familia, tiene un gran corazón, siempre le ha gustado ayudar a los más necesitados, si bien es cierto que ha cometido errores, el tiempo que tiene privado de su libertad ha reflexionado y ha cambiado totalmente para bien, por favor Honorable JUEZ dele a mis hijos la oportunidad de crecer junto a su padre.

Agradeciéndole de antemano su buen gesto y gran corazón de recibir esta carta con la súplica de una esposa y madre desesperada, deseando con todo mi corazón tener mi familia unida nuevamente. Que Dios le bendiga a usted y su familia grandemente, espero en Dios recibir buenas noticias.

Muchísimas gracias.


MARIA TERESA MENA ROJAS

TELEFONO:(849-207-7912)

CORREO ELECTRONICO: johncarloscamilo@gmail.com

Dear Judge:

My name is Jennifer Camilo niece of Juan Carlos Camilo Polanco no.45434-054 in this letter I want to describe my uncle who is a good person with many virtues and good qualities respectful, good father, good son and good uncle , we understand what my uncle did and the consequences that this brings but please I ask you to take it into consideration since he is a patient of rheumatoid arthritis and diabetes for our family and his childrens, it has been very difficult not to see him during these last years I ask you to please give him a second chance Juan Carlos is an adult person who has already learned to differentiate the good and bad things in life, it is very hard for us not to be with him during this Covid-19 pandemic, which is a risk for a person with his health conditions.

Jennifer Camilo

Honorable Juez

Mi nombre es John Carlos Camilo Mena de 18 años, hijo de Juan Carlos Camilo. Mi padre es una persona que tiene problemas de salud como: Reumatismo y Diabetes lo que hace que debido a la situación de Covid-19 me preocupa mucho lo que le pueda ocurrir. Estoy seguro de que el esta arrepentido de todos los hechos que ha cometido, y en este caso quisiera que lo tome en cuenta.

Mi padre es un hombre noble, respetuoso e integro y que siempre ha velado por la vida de los demás.

Muchas gracias honorable

DECLARACIÓN JURADA

Quien suscribe, MARIA TERESA MENA ROJAS, dominicana, mayor de edad, agricultora, portadora de la Cédula de identidad y electoral no. 056-0125203-3, domiciliada y residente en la calle principal S/N, urbanización Andújar, edificio ASHLEY ROCHYLEE Apt. 2B del municipio de San Francisco de Macorís, Provincia Duarte, Republica Dominicana, por medio del presente acto DECLARA BAJO LA FE DEL JURAMENTO, lo siguiente:

PRIMERO: Que soy la propietaria del inmueble identificado bajo la designación catastral No. parcela 28L, Distrito Catastral No. 9 De San Francisco de Macorís: APARTAMENTO No. 202 SEGUNDO NIVEL EDIFICIO A, amparador bajo el certificado de títulos Matricula No. 19000031091 con una superficie de 140.00M² valorado en **CUATRO MILLONES QUINIENTOS MIL PESOS DOMINICANOS (RD\$ 4,500,00.00)** lugar donde tengo más de Catorce (14) años residiendo.

SEGUNDO: Que soy la propietaria del vehículo identificado bajo el No. de registro A647438, chasis 4T1BE46K89U834531, Marca Toyota, modelo Camry SE, año 2009, color Blanco, Motor o No. de serie 834531, fuerza motriz 2400, cap. Carga 0, cilindros 4 valorado en unos **QUINIENTOS MIL PESOS DOMINICANOS (RD\$500,000.00)**, certificado de propiedad de vehículo de motor amparado bajo el No. 6398366, expedido en fecha 06/05/2015.-

TERCERO: Que soy una persona dedicada a la agricultura por más de Quince Años (15) dedicándome a la siembra y venta de tubérculos como el plátano, la yuca actividad económica con la cual me sustento percibiendo beneficios pecuniarios por cada corte o cosecha ascendentes a la suma de **UN MILLÓN DOSCIENTOS MIL PESOS DOMINICANOS (RD\$1,200,000.00)** Anuales.

CUARTO: Que estoy unida bajo la unión de hecho por más de 25 años con el señor **JUAN CARLOS CAMILO POLANCO** identificado bajo el No. ID 45434:054 persona con la que he procreado Dos hijos.

QUINTO: Que el señor **JUAN CARLOS CAMILO POLANCO** es una persona con comorbilidad problemas de reumatismo y diabetes, y la situación actual de la pandemia del coronavirus COVID-19 nos preocupa sobre manera por lo que me comprometo hacerme responsable del sustento económico y asegurar la presentación ante la justicia de la Republica Dominicana, Estados Unidos de América y cualquier parte del mundo a fin de que le otorguen una moción, amnistía, indulto, perdón o cualquier beneficio a su favor de reducirle parte de la pena .

SEXTO: Que todo lo anteriormente expresado corresponde a la más fiel expresión de la verdad y por tanto debe dársele entera fe y crédito, la cual se hace en presencia de las señoras **JENNIFER CAMILO JIMENEZ** y **ENGRACIA JIMENEZ CONCEPCION**, dominicanas, mayores de edad, solteras, estudiante y comerciante, portadoras de las cedulas de identidad y electoral nos. 402-3864242-1 y 056-0107526-9, domiciliadas y residentes en la Ciudad y Municipio de San Francisco de Macorís, Provincia Duarte, Republica Dominicana.

Hecho y pasado en mi estudio en la Ciudad y Municipio de San Francisco de Macorís, Provincia Duarte, República Dominicana, a los Veintitrés (23) días del mes de Diciembre del año dos mil veinte (2020).

Jennifer Camilo Jimenez
JENNIFER CAMILO JIMENEZ
TESTIGO

Maria Teresa Mena Rojas
MARIA TERESA MENA ROJAS
DECLARANTE

Engracia Jimenez
ENGRACIA JIMENEZ CONCEPCION
TESTIGO

YO, DR. REBECA ALTAGRACIA GONZALEZ PICHARDO, Notario de los del número para este Municipio de San Francisco de Macorís, matriculado bajo el No. 6601, cedula no. 056-0011955-5, con domicilio procesal en la calle 27 febrero no.85, Plaza krysan, Segundo Nivel, Cubículo 205, CERTIFICO Y DOY FE: que por ante mi han comparecido los señores: MARIA TERESA MENA ROJAS, JENNIFER CAMILO JIMENEZ y ENGRACIA JIMENEZ CONCEPCION; quienes de una manera libre y voluntaria firmó de sus puños y letras declarándome que esa es la forma como ellos acostumbran a firmar en todos los actos de su vida tanto públicos como privado. San Francisco de Macorís, Provincia Duarte, República Dominicana, a los Veintitrés (23) días del mes de Diciembre.-

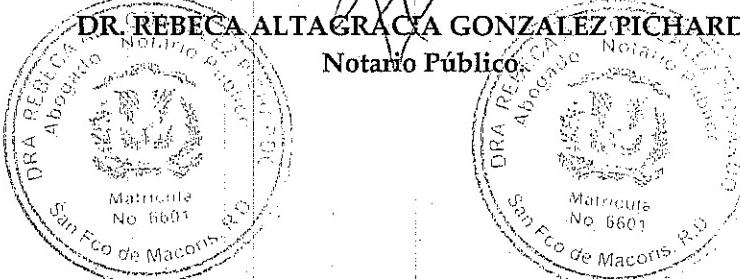


Exhibit : Sentence computaion Data and Program Review

MVCDF 540*23 *
PAGE 001 *SENTENCE MONITORING
COMPUTATION DATA
AS OF 01-11-2021* 01-11-2021
* 07:24:49

REGNO.: 45434-054 NAME: CAMILO-POLANCO, JUAN CARLOS

FBI NO.....: 608755EB3	DATE OF BIRTH: 05-05-1975 AGE: 45
ARS1.....: MVC/A-DES	
UNIT.....: UNIT C	QUARTERS.....: C05-009U
DETAINERS.....: NO	NOTIFICATIONS: NO

HOME DETENTION ELIGIBILITY DATE: 06-25-2025

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
 THE INMATE IS PROJECTED FOR RELEASE: 12-25-2025 VIA GCT REL

-----COURT JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: NEW YORK, SOUTHERN DISTRICT
 DOCKET NUMBER.....: 1:19-CR-049-2 (JMF)
 JUDGE.....: FURMAN
 DATE SENTENCED/PROBATION IMPOSED: 11-06-2019
 DATE COMMITTED.....: 11-20-2020
 HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
 PROBATION IMPOSED.....: NO

FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.: \$100.00	\$00.00	\$00.00	\$00.00

RESTITUTION....:	PROPERTY: NO	SERVICES: NO	AMOUNT: \$00.00
------------------	--------------	--------------	-----------------

-----COURT OBLIGATION NO: 010 -----

OFFENSE CODE....: 391 21:846 SEC 841-851 ATTEMPT
 OFF/CHG: 21:846 CONSPIRACY TO DISTRIBUTE NARCOTICS CT.1

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE.: 97 MONTHS
 TERM OF SUPERVISION.....: 4 YEARS
 DATE OF OFFENSE.....: 02-05-2019

G0002 MORE PAGES TO FOLLOW . . .

MVCDF 540*23 *
PAGE 002 OF 002 *SENTENCE MONITORING
COMPUTATION DATA
AS OF 01-11-2021* 01-11-2021
* 07:24:49

REGNO.: 45434-054 NAME: CAMILO-POLANCO, JUAN CARLOS

-----CURRENT COMPUTATION NO: 020 -----

COMPUTATION 020 WAS LAST UPDATED ON 03-25-2020 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 04-14-2020 BY DESIG/SENTENCE COMPUTATION CTRTHE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 020: 020 010DATE COMPUTATION BEGAN.....: 11-06-2019
TOTAL TERM IN EFFECT.....: 97 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 8 YEARS 1 MONTHS
EARLIEST DATE OF OFFENSE.....: 02-05-2019JAIL CREDIT.....: FROM DATE THRU DATE
02-05-2019 11-05-2019TOTAL PRIOR CREDIT TIME.....: 274
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED..: 436
TOTAL GCT EARNED.....: 54
STATUTORY RELEASE DATE PROJECTED: 12-25-2025
ELDERLY OFFENDER TWO THIRDS DATE: 06-26-2024
EXPIRATION FULL TERM DATE.....: 03-06-2027
TIME SERVED.....: 1 YEARS 11 MONTHS 7 DAYS
PERCENTAGE OF FULL TERM SERVED..: 23.9
PERCENT OF STATUTORY TERM SERVED: 28.1PROJECTED SATISFACTION DATE.....: 12-25-2025
PROJECTED SATISFACTION METHOD...: GCT REL

G0000 TRANSACTION SUCCESSFULLY COMPLETED

MVCDF 542*22 *
 PAGE 001 OF 001 *

SENTENCE MONITORING
 GOOD TIME DATA
 AS OF 01-11-2021

* 01-11-2021
 * 07:25:07

REGNO...: 45434-054 NAME: CAMILO-POLANCO, JUAN CARLOS
 ARS 1...: MVC A-DES
 COMPUTATION NUMBER.: 020
 LAST UPDATED: DATE.: 03-25-2020
 UNIT.....: UNIT C
 DATE COMP BEGINS....: 11-06-2019
 TOTAL JAIL CREDIT...: 274
 CURRENT REL DT....: 01-11-2027 MON
 PROJ SATISFACT DT...: 12-25-2025 THU
 ACTUAL SATISFACT DT.:
 DAYS REMAINING.....:
 GED PART STATUS....: 12-13-2004 GED SAT

		PLRA			
		PRT	ACT DT:		
		FACL..:	DSC CALC: AUTOMATIC		
		QUARTERS.....:	C05-009U		
		COMP STATUS.....:	COMPLETE		
		TOTAL INOP TIME....:	0		
		EXPIRES FULL TERM DT:	03-06-2027		
		PROJ SATISF METHOD..:	GCT REL		
		ACTUAL SATISF METHOD:			
		FINAL PUBLIC LAW DAYS:			
		DEPORT ORDER DATED..:	0000000000		

-----GOOD CONDUCT TIME AMOUNTS-----

START DATE	STOP DATE	MAX DIS	POSSIBLE FFT	ACTUAL DIS	TOTALS FFT	VESTED AMOUNT	VESTED DATE
02-06-2019	02-05-2020	54	54				
02-06-2020	02-05-2021	54					
02-06-2021	02-05-2022	54					
02-06-2022	02-05-2023	54					
02-06-2023	02-05-2024	54					
02-06-2024	02-05-2025	54					
02-06-2025	02-05-2026	54					
02-06-2026	02-05-2027	54					
02-06-2027	03-06-2027	4					
TOTAL EARNED AMOUNT.....						54	
TOTAL EARNED AND PROJECTED AMOUNT.....						436	

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

MVCDF 542*22 *
 PAGE 001 OF 001 *

SENTENCE MONITORING
 GOOD TIME DATA
 AS OF 01-11-2021

* 01-11-2021
 * 07:25:07

REGNO...: 45434-054 NAME: CAMILO-POLANCO, JUAN CARLOS
 ARS 1...: MVC A-DES
 COMPUTATION NUMBER...: 020
 LAST UPDATED: DATE.: 03-25-2020
 UNIT.....: UNIT C
 DATE COMP BEGINS....: 11-06-2019
 TOTAL JAIL CREDIT...: 274
 CURRENT REL DT.....: 01-11-2027 MON
 PROJ SATISFACT DT...: 12-25-2025 THU
 ACTUAL SATISFACT DT.:
 DAYS REMAINING.....:
 GED PART STATUS.....: 12-13-2004 GED SAT

PLRA
 PRT ACT DT:
 FACL...: DSC CALC: AUTOMATIC
 QUARTERS.....: C05-009U
 COMP STATUS.....: COMPLETE
 TOTAL INOP TIME.....: 0
 EXPIRES FULL TERM DT: 03-06-2027
 PROJ SATISF METHOD...: GCT REL
 ACTUAL SATISF METHOD:
 FINAL PUBLIC LAW DAYS:
 DEPORT ORDER DATED..: 0000000000

-----GOOD CONDUCT TIME AMOUNTS-----

START DATE	STOP DATE	MAX DIS	Possible FFT	ACTUAL DIS	TOTALS FFT	VESTED AMOUNT	VESTED DATE
02-06-2019	02-05-2020	54	54				
02-06-2020	02-05-2021	54					
02-06-2021	02-05-2022	54					
02-06-2022	02-05-2023	54					
02-06-2023	02-05-2024	54					
02-06-2024	02-05-2025	54					
02-06-2025	02-05-2026	54					
02-06-2026	02-05-2027	54					
02-06-2027	03-06-2027	4					
TOTAL EARNED AMOUNT.....						54	
TOTAL EARNED AND PROJECTED AMOUNT.....						436	

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

**Individualized Needs Plan - Initial Classification (Inmate Copy)**

SEQUENCE: 00988412

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-14-2020

Plan is for inmate: CAMILO-POLANCO, JUAN CARLOS 45434-054

Facility: MVC MOSHANNON VALLEY CI Proj. Rel. Date: 12-25-2025
 Name: CAMILO-POLANCO, JUAN CARLOS Proj. Rel. Mthd: GCT REL
 Register No.: 45434-054 DNA Status: FTD01158 / 08-18-2006
 Age: 45
 Date of Birth: 05-05-1975

Detainers

Detaining Agency	Remarks
NO DETAINER	

Pending Charges

ICE - Deportation investigation

Current Work Assignments

Facil	Assignment	Description	Start
MVC	QUARANTINE	INMATE IS PENDING QUARANTINE	11-20-2020

Current Education Information

Facil	Assignment	Description	Start
MVC	ESL HAS	ENGLISH PROFICIENT	12-14-2005
MVC	GED EP	ENROLL GED PROMOTE W/CAUSE	12-05-2005
MVC	GED SAT	GED PROGRESS SATISFACTORY	12-13-2004

Education Courses

SubFacil	Action	Description	Start	Stop
NO COURSES				

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
09-30-2020	307 : REFUSING TO OBEY AN ORDER
	404 : USING ABUSIVE/OBSCENE LANGUAGE

Current Care Assignments

Assignment	Description	Start
CARE1	HEALTHY OR SIMPLE CHRONIC CARE	09-24-2020
SCRN1-MH	SCRN1-MENTAL HEALTH	01-16-2020

Current Medical Duty Status Assignments

Assignment	Description	Start
C19-QUAR	COVID-19 QUARANTINED	11-20-2020
NO F/S	NO FOOD SERVICE WORK	11-25-2020
REG DUTY W	REGULAR DUTY W/MED RESTRICTION	11-25-2020

Current Drug Assignments

Assignment	Description	Start
ED WAIT RJ	DRUG EDUCATION WAIT-RQ JUDREC	12-01-2020

FRP Details

Most Recent Payment Plan					
--------------------------	--	--	--	--	--

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 12-16-2020

Inmate Decision: AGREED \$40.00 Frequency: SINGLE

Payments past 6 months: \$0.00 Obligation Balance: \$100.00

Financial Obligations

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	\$100.00	\$0.00	IMMEDIATE	COMPLETEDZ
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					
2	ASSMT	\$100.00	\$100.00	IMMEDIATE	NEVER PLAN
** NO ADJUSTMENTS MADE IN LAST 6 MONTHS **					

Payment Details

Archived as of 12-16-2020	Individualized Needs Plan - Initial Classification (Inmate Copy)	Page 1 of 3
---------------------------	--	-------------

**Individualized Needs Plan - Initial Classification (Inmate Copy)**

SEQUENCE: 00988412

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-14-2020

Plan is for inmate: CAMILO-POLANCO, JUAN CARLOS 45434-054

Most Recent Payment Plan

Trust Fund Deposits - Past 6 months: \$300.00

Payments commensurate? N/A

New Payment Plan:

** No data **

Progress since last review

Initial Classification -

You are currently completing the Admission and Orientation Program.

You owe the court a \$100.00 Felony Assessment Fee.

You have a current inmate account balance of \$145.05.

You do not have a verified GED or High School Diploma.

You have received an incident report in September 2020 for Refusing to Obey an Order and Using Abusive/Obscene Language.

You have not been enrolled in the Drug Education class.

Next Program Review Goals

When medically cleared, begin your work detail and earn good work evaluations each month to be eligible for bonus pay.

Sign your Inmate Financial Responsibility Program contract and begin making payments of \$25.00 every three months in January 2021.

Enroll in and complete at least 40 hours of GED/ESL/Literacy classes in the Programs Department.

Read your Inmate Handbook and become familiar with facility rules and your responsibilities.

When called to attend, enroll in the Drug Education class in the Medical Department.

Long Term Goals

From today until 12-14-2021:

Earn good work evaluations to demonstrate your positive work ethic and to learn skills to prepare you for employment following your release, such as, learning to follow a schedule, learning to follow instructions and demonstrating performance improvement.

Demonstrate financial responsibility by ensuring funds are available in your account to make your payments to your financial obligations to the court.

This will also allow you to complete the obligation within one year.

Complete at least 100 hours of GED preparation classes, and/or earn your GED to increase your level of education and to improve your future employment opportunities. People who have a GED are qualified for more jobs at higher rates of pay.

Earn all of your Good Conduct Time days and maintain eligibility for privileges by following all facility rules found in your Inmate Handbook.

Complete 40 hours of the Drug Education class to learn about substance abuse. Pass the final exam to demonstrate your understanding of the subject.

RRC/HC Placement

No.

Criminal alien releasing to custody of ICE.

Comments

Citizen of the Dominican Republic, no current treaty exists between the United States and the foreign country.

FRP Contract signed 12/20

PREA Update completed 12/20

Visitor List - completed 12/20

FSA Eligible/R-Low 12/20



Individualized Needs Plan - Initial Classification (Inmate Copy)

SEQUENCE: 00988412

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-14-2020

Plan is for inmate: CAMILO-POLANCO, JUAN CARLOS 45434-054

Name: CAMILO-POLANCO, JUAN

DNA Status: FTD01158 / 08-18-2006

Register No.: 45434-054

Age: 45

Date of Birth: 05-05-1975

Inmate (CAMILO-POLANCO, JUAN CARLOS. Register No.: 45434-054)

Date

Unit Manager / Chairperson

Case Manager

Date

Date

Exhibit : Medical Records



The GEO Group, Inc.

MOSHANNON VALLEY CENTER

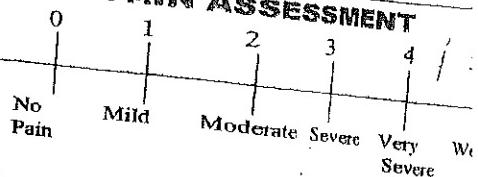
45434-054

NAME: CAMILO-POLANCO, JUAN CARLOS
B.O.P. #: DOB: 05-05-1975
 ARSD: 11-20-2020 MVCF

ALLERGIES:

NKDA

PAIN ASSESSMENT



DATE OF REVIEW

1-10-21

(a) 1240

Administrative note: Inmate to medical for scheduled EKG. EKG completed as ordered. Chart to MD for review.

K. Gallagher, RN
MVCF

45434-054

NURSING ASSESSMENT PROTOCOLS

CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF

RESPIRATORY: RULE OUT CORONAVIRUS

DOB: _____ ID Number: _____ Facility Name: _____

SUBJECTIVE: Chief Complaint:

"no covid I'm fine"

Sick Call	Routine	Urgent	Walk-In	Self-Declared Emergency	True Emergency	Temp Screening
Date/Time/Activity at onset: NA						
Allergies: NYDA						
Precipitating factors: Date I/D/R admitted to facility: NA						
Has I/D/R been exposed to anyone with COVID-19 or Flu symptoms? (Who, What, When): NO						
Has I/D/R been off-site recently (when, where): NO						
Has I/D/R had any of the following symptoms (circle applicable): Fever Chills Repeated Shaking Chills Cough Shortness of Breath Muscle Pain Headache Sore Throat New Loss of Taste or Smell denies Cough						
Has the I/D/R had any of the following (circle applicable): Trouble Breathing Persistent Chest Pain New Confusion or Inability to Arouse Bluish Lips or Face NPI						
Current medications (OTC and Rx): See MAR						
Age 65 years or older: No History of HTN: NO Heart disease: Yes Diabetes: Yes						
Other chronic illness: See MAR Recent respiratory infection: NO						
OBJECTIVE BP: 110/71 P: 70 R: 18 T: 97.6 (> than 100.4 refer to provider) Weight: 205 O2 Sat: 99						
Weakness: NO Fatigue: NO						
Cough: Yes / No Productive: Yes / No						
Respiratory rhythm: even uneven / unlabored / labored / shallow / normal / deep						
Shortness of Breath: NO Retractions/Accessory muscle use: NO						
Right Lung Sounds (describe severity): Clear Wheezes Ronchi Rales Diminished						
Left Lung Sounds (describe severity): Clear Wheezes Ronchi Rales Diminished						
Skin: Normal (warm/pink/dry) Pale Flushed Cyanotic Mottled Diaphoretic Cool Dusky						
Swollen glands (describe): NO Pain (Y/N): Location: NA Severity (Scale 1-10): 0/10						
ASSESSMENT: Health maintenance						

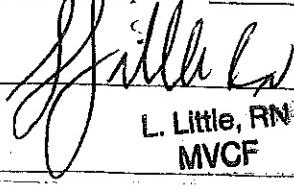
- PLAN: Notify On call MD/PA/NP if Temperature > 100.4, dry cough, respiratory distress, severe symptoms or signs of infection.
- Promptly place a surgical mask over the patient's face and nose
 - Test for Influenza A and B. If Positive, notify Provider and refer to URI: Colds/Flu/Sore Throat/Sinusitis Protocol
 - Notify provider immediately if Influenza test Negative
 - Place in a single cell or negative pressure room
 - Report to HSA for potential dorm cohort
 - If need to be transported to ER - call in advance the EMS and hospital and notify of possible COVID-19

EDUCATION:	<ul style="list-style-type: none"> <input type="checkbox"/> Instructed to cough or sneeze into their elbow or sleeve or cover coughs or sneezes with a tissue and throw the tissue directly into the trash. <input type="checkbox"/> Instructed in proper hand washing for a minimum of 20-seconds with soap and water. <input type="checkbox"/> Instructed not to touch face, eyes, mouth and in proper mask usage. <input type="checkbox"/> Instructed notify medical staff if symptoms persist or worsen. <input type="checkbox"/> Instructed to maintain social distancing- 6 feet from those with symptoms
------------	--

NOTE: Reaffirm - Wash hands frequently especially after eating, coughing, sneezing, using the toilet.

Patient verbalized understanding of above instructions.

Interpreter Line Number, if required: _____

Nursing Signature: 

L. Little, RN
MVCF

Date: 11/6/20

Time: 1300



MOSHANNON VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF



A horizontal scale from 0 to 5 representing pain intensity. The scale is labeled with 'No Pain' at 0, 'Mild' at 1, 'Moderate' at 2, 'Severe' at 3, 'Very Severe' at 4, and 'Worse' at 5.

ALLERGIES: MUDRA



The GEO Group, Inc.

MOSHANNON VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS

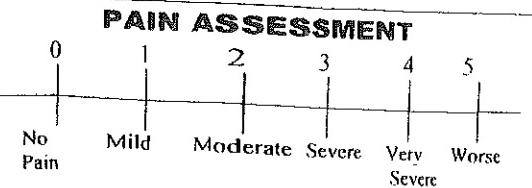
NAME: DOB: 05-05-1975

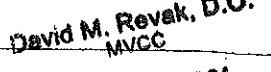
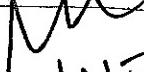
ARSD: 11-20-2020 MVCF

B.O.P. 4

۹۵۴۲۹-۰۳۱

ALLERGIES:



1/5/21		Administrative Note: Due to Covid-19 and Restrictive movement inmates Chronic clinic will be rescheduled Next Available — 
1/5/21		Administrative note: voice order Doctor RevAK / R. Shirk LPN, Continue metformin 500 mg. 1 tablet. po twice daily till seen in chronic clinic. Read back and Verified x 2 — 
		 JAN 05, 2021  1430

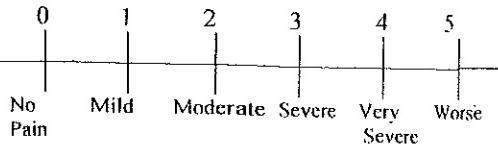


MOSHANNON VALLEY CENTER

NAME: 45434-054
CAMILO-POLANCO, JUAN CARLOS
B.O.P. # DOB: 05-05-1975
ARSD: 11-20-2020 MVCF

ALLERGIES:

MSdr

PAIN ASSESSMENT

DO NOT USE SPACES OR LEADING ZEROES. ENTER ONLY ONE NUMBER AFTER A DECIMAL.

SOAP NOTE

DATE/TIME	12/2/20 1145	Administrative Note: Voice order Doctor Rovak, Continue medications as previously ordered, Until Seen in chronic clinic Metformin 500mg 1 tablet po BID, Read Back and Ventred x 2
-----------	--------------	--

David M. Rovak, D.O.
MVCC

DEC 2/2 2020

12/2/20

R. Smith, LPN
MVCC



The GEO Group, Inc.

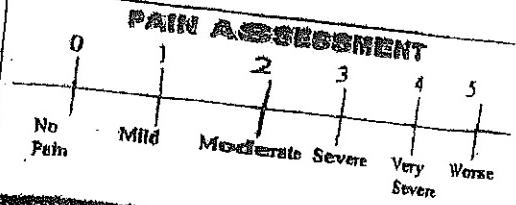
MOSHANNON VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS
 DOB: 05-05-1975
 ARSD: 11-20-2020 MVCF

ALLERGIES:

NKde



12/21/20

Administrative Note:

1530

See medical duty status sheet dated

12/21/20

David M. Revak, D.O.
MVCC

153 DEC 21 2020

Noted 12/22/20
 S. Sankey, RN
 MVCF



MOSHANNON VALLEY CENTER

NAME: 45434-054 CAMILO-POLANCO, JUAN CARLOS <i>NEOPA</i>	PAIN ASSESSMENT 0 Mild Moderate Severe Very Severe Worse No Pain
B.O.P. #: DOB: 05-05-1975 ARSD: 11-20-2020 MVCF	
ALLERGIES:	

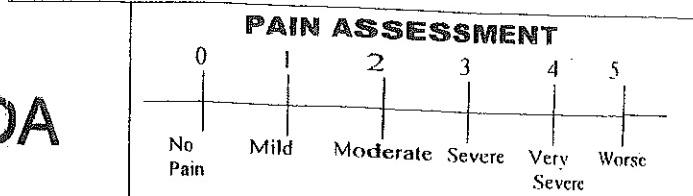
DISCOUNT EXPRESSED AS A DECIMAL



MOSHANNON VALLEY CENTER

45434-054
NAME: CAMILO-POLANCO, JUAN CARLOS
(DOB: 05-05-1975
B.O.P. #: ARSD: 11-20-2020 MVCF N

ALLERGIES:



2/15/20 Administrative Note: Due to Covid-19
1045 and Restrictive movement inmates
Chronic clinic will be rescheduled
Next Available _____ 

R. Shirk, LPN
MVCF



The GEO Group, Inc.

MOSHANNON VALLEY CENTER

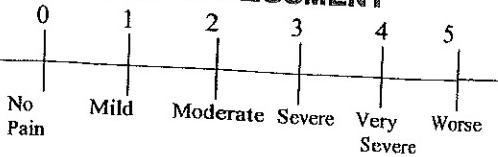
45434-054

CAMILO-POLANCO, JUAN CARLOS
 I DOB: 05-05-1975
 J ARSD: 11-20-2020 MVCF

ALLERGIES:

NKDA

PAIN ASSESSMENT



DO NOT USE ABBREVIATION LIST:

U.U. O.O. O.O. lights, S.C. cc. TRAILING ZERO AFTER A DECIMAL

S.C.A.P.E. NOTE

DATE / TIME	
1415 12/10/20	(S) "I need cream for the spot in my mouth"
T 98.4	(C) inmate in no distress. inmate presents with
P 81	sore on inside of (R) mouth. open sore, reddened,
R 18	mild swelling. PA Gonder at bedside for
BP 117/72	assessment.
02 SAT 99	(A) alteration in comfort r/t mouth ulcer.
WT 145 10/10 PAIN 10/10 /0-5	(P) V.O. PA Gonder Kenalog in orabase use 1 application orally BID x 30 days. V.O read back and Verified x2.
	(E) inmate verbalized understanding. L. Little, RN MVCF
	<i>Chernan, ext. 111120, 12/10/20, 5pm</i> C. Gonder, PA-C MVCF 0130
	L. Little, RN MVCF

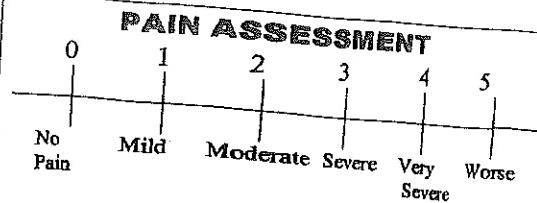


45434-054

CAMILO-POLANCO, JUAN CARLOS
 DOB: 05-05-1975
 ARSD: 11-20-2020 MVCF

LANNON VALLEY CENTER

ALLERGIES: NVODA



DEPARTMENT

DATE/REVIEW

12/9/2020
1130

Administrative Note/Orders:

Review of lab dated: 12/9/2020
11/30/2020 Abnormal value(s):

Hgb A1c 6.1

LDL 160

- Any remaining lab values that are not within normal range have been reviewed and are not clinically significant. They do no warrant additional medical workup, treatment or change to previous or ongoing treatment plan.
- Schedule inmate to see Treatment Nurse to give counseling.
1. Eat healthy foods.
 2. Choose foods low in fat and calories and high in fiber.
 3. Be more active. Aim for 30-60 minutes of physical activity daily.
 4. Lose excess weight.

Plan:

① Add hyperlipidemia CCC

② EKG

③ Aspirin 81mg 1 tab po daily
x 180 days.NOTED 12/11/20
1005
OCT 2020David M. Revak, D.O.
MVCCJAN 05 2021
DRJohn D. Gonder, PA-C
MVCF

MOSHANNON VALLEY CORRECTIONAL FACILITY

<p>NAME: B.O 45434-054 CAMILO-POLANCO, JUAN CARLOS</p> <p>ALI DOB: 05-05-1975 ARSD: 11-20-2020 MVCF</p> <p style="text-align: right;">NKDA</p>	<p>PAIN ASSESSMENT</p>  <p>A horizontal scale with vertical tick marks at integer intervals from 0 to 5. Below the scale, the following labels are positioned: "No Pain" under 0, "Mild" under 1, "Moderate" under 2, "Severe" under 3, "Very Severe" under 4, and "Worse" under 5.</p>
---	--

"DO NOT USE" ABBREVIATION LIST:

U, IU, Q.D., Q.O.D., qhs., S.C., ce. TRAILING ZERO AFTER A DECIMAL



45454-054

PREV CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975

OL - MALES

part #
36087

45

Inmate/detainee/resident (I/D/R) Name: ARSD: 11-20-2020 MVCF NKDA
Facility:

I/D/R #:

Date: 11-07-20, ON

The Preventive Health Risk Assessment Tool is utilized to systematically determine recommended preventive health services for sentenced GEO I/D/Rs. It is designed to be administered at the Baseline Prevention Visit. The necessary health information can be obtained either by I/D/R interview and/or medical record review.

The I/D/R has been advised of the preventive health measures that are provided by GEO, as well as his responsibility for seeking these services.

I. Cancer and Chronic Diseases Screening		Risk Status and Recommendations	
INDICATE (<input type="checkbox"/>) I/D/R'S RISK FACTORS:		INDICATE (<input type="checkbox"/>) RISK STATUS:	
Colon Cancer			
<input type="checkbox"/> History of polyps at prior colonoscopy	<input checked="" type="checkbox"/> None checked = Average Risk.	<input type="checkbox"/> Fecal occult blood test x3	
<input type="checkbox"/> History of colorectal cancer	<input type="checkbox"/> Fecal occult blood tests yearly, ages 50-75		
<input type="checkbox"/> Family history of colon cancer or adenomas	<input type="checkbox"/> Any checked = Increased Risk.	<input type="checkbox"/> Colonoscopy	
<input type="checkbox"/> Known or suspected: Familial adenomatous polyposis and hereditary non-polyposis	<input type="checkbox"/> Begin screening for colonoscopy per GEO Clinical Practice Guidelines (CPG)		
<input type="checkbox"/> Inflammatory bowel disease			
Lipid Disorders			
<input type="checkbox"/> Diabetes <i>Mother, self</i>	<input checked="" type="checkbox"/> Any high-risk factors checked: Begin screening at age 20	<input checked="" type="checkbox"/> Fasting lipoprotein analysis: Annually <i>ordered</i>	
<input checked="" type="checkbox"/> Existing cardiovascular disease <i>error (E) 11/20/2020</i>	<input type="checkbox"/> None checked = Average Risk for Men.	<input type="checkbox"/> Total chol., TG, HDL, LDL at least every 5 years → Refer to GEO CPG	
<input type="checkbox"/> First-degree relative with CVD (male before age 50)	<input type="checkbox"/> Begin screening at age 35		
<input type="checkbox"/> Tobacco use and hypertension	<input type="checkbox"/> * Current chol., TG, HDL, LDL: <i>330, 77, 48, 100</i>		
Diabetes			
<input type="checkbox"/> Blood pressure >135/80 (treated/untreated)	<input checked="" type="checkbox"/> At risk: GEO recommends use of serum glucose testing or A1C for initial screening and diagnosis	<input checked="" type="checkbox"/> Fasting serum glucose and hemoglobin A1C every 3 years <i>ordered</i>	
<input checked="" type="checkbox"/> Otherwise clinically indicated <i>BMI > 25 Hg > 20</i>	<input type="checkbox"/> * Current glucose, A1C: <i>6.1</i>		
Aspirin for CHD			
<input checked="" type="checkbox"/> Men ages 45-79: Calculate CHD risk every 5 years using risk calculator: http://www.mcw.edu/calculators/CoronaryHeartDiseaseRisk.htm Check (<input type="checkbox"/>) if risk exceeds average 10-Year CHD Risk for men: Age 45-59 ≥4%; Age 60-69 ≥9%; Age 70-79 ≥12%	<input type="checkbox"/> At risk: If risk of adverse cardiovascular event > risk of GI bleeding, recommend I/D/R take aspirin 81 mg daily For patients with diabetes, see the GEO Management of Diabetes CPG	<input type="checkbox"/> ASA 81 mg daily	
Hypertension <i>NA</i>			
<input type="checkbox"/> Under age 50 <input type="checkbox"/> Age 50 and over	<input type="checkbox"/> If age <50, measure BP.	<input type="checkbox"/> At least every 3 years	
<input type="checkbox"/> Borderline BP elevations (>120-139/80-90)	<input type="checkbox"/> If age ≥50 / borderline BP, measure BP	<input type="checkbox"/> At least annually	
Hearing <i>NA</i>			
<input type="checkbox"/> Age 65 and older	<input checked="" type="checkbox"/> At risk: Perform audiogram and may consider safety equipment	<input type="checkbox"/> Annual audiogram Recommend safety equip	
<input type="checkbox"/> Occupational risk			
Abdominal Aortic Aneurysm (AAA) <i>NA</i>			
<input type="checkbox"/> At risk: Men, ages 65-75, who have a history of smoking	<input checked="" type="checkbox"/> At risk: Screen for AAA with abdominal ultrasonography	<input type="checkbox"/> Abdominal ultrasonography <input type="checkbox"/> Consider surgical repair if indicated (> 5.5 cm)	
Oral Cancer			
<input checked="" type="checkbox"/> Risk factors: >55 years of age; history of HPV, sun exposure, and alcohol/tobacco abuse	<input checked="" type="checkbox"/> At risk: Screen for oral cancer	<input checked="" type="checkbox"/> Ongoing	
Substance Abuse <i>NA</i>			
<input type="checkbox"/> Assess at intake: Substance abuse history? Need for detoxification?	<input type="checkbox"/> At risk: Provide counseling and referral to GEO substance abuse and smoking cessation programs, as indicated	<input type="checkbox"/> Refer for substance abuse counseling and treatment <input type="checkbox"/> Refer for smoking cessation counseling	
Patient Information		Comments:	
I/D/R Name: ID No.: _____	DOB: _____		
WT: <i>145</i>	BMI: <i>27</i>	Ordering Clinician Signature: Date: <i>11/20/2020</i>	HS-936

New 6/14 (AM: 0/0)
BSU: 121Page 1 of 2
F-975
5/2020 98%
G. Kost, LPN
MVCFC. Gander, PA-C
MVCF 11/20/2020
HOT 100



45434-054

PREVI CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

Inmate/detainee/resident (I/D/R) Name: ARSD: 11-20-2020 MVCF

L - MALES

I/D/R #:

Date: 11-17-2020

NKDA

II. Bloodborne Pathogen Screening and Immunizations

Circle Y (yes) for conditions that apply. Circle N (no) for those that do not apply. Order screening test or immunization for all "Y" items.	SCREENING						IMMUNIZATION/ORDER				
	HIV	Hep A	Hep B	Hep C	Tdap	Td	Influenza	Pneu	Hep A	Hep B	MMR
MMR											
Y Born in the United States after 1956, with history of previous MMR vaccine.	Yes					Age>50 or risk factors: 1 dose					1 dose
N											
Y Incomplete or unknown MMR history. And/or born outside U.S.	Yes					Age>50 or risk factors: 1 dose					2 doses
N											
Tetanus											
Y Tdap given previously, but no dose indicated. (Continue with Td booster every 10 years.)	Yes				1 dose	Age>50 or risk factors: 1 dose					
N											
Y Last tetanus shot > 10 years. (Give Tdap as initial dose and then repeat with Td booster every 10 years.)				1 dose		Age>50 or risk factors: 1 dose					
N											
Y Incomplete/unknown history. (Give 3-dose series: 1 dose Tdap & then two doses Td to complete series.)	Yes				1st dose and and 3rd doses	Age>50 or risk factors: 1 dose					
N											
Hepatitis A & B											
Y Has diabetes age <60, injected legal drugs, received tattoos/body piercing in jail, HIV+, HCV+, recent hx STD, I/M workers at risk, ESRD, post-exposure prophylaxis.	Yes	Yes	Yes	Yes		Age>50 or risk factors: 1 dose	2-dose series, if not immune	3-dose series, if not immune			
N											
Pneumonia											
Y Age ≥65, lung disease, asthma, CVD, immunocompromised, diabetes, liver disease, renal failure, Asplenia, ETOH hx, long-term care. May repeat Q 5 years.	Yes					Age>50 or risk factors: 1 dose	1 dose, repeat in 5 years if risk factors				
N											
Hepatitis C											
Y Injected illegal drugs, tattoos or body piercings while in jail, HIV+, HBV+, blood transfusion <1992, and hemodialysis.	Yes	Yes	Yes	Yes		Age>50 or risk factors: 1 dose	2-dose series if not immune	3-dose series if not immune			
N											
Tuberculosis											
Y Tuberculin skin test (+).	Yes					Age>50 or risk factors: 1 dose					
N											
Patient Information	CHECK BELOW TO INDICATE IF SCREENING/IMMUNIZATION IS INDICATED. ORDER IF CHECKED AT LEAST ONCE ABOVE.										
I/D/R Name:	HIV	Hep A	Hep B	Hep C	Tdap	Td	Influenza	Pneu	Hep A	Hep B	MMR
ID No.:					✓	✓	✓early	✓	mmmm	✓	✓
DOB:	Date: Ordering Clinician Signature: G. Kost, LPN MVCF 11/17/2020 JAS Green										

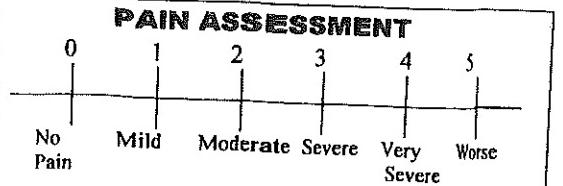


The GEO Group, Inc.

MOSHANNO VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF



ALLERGIES:

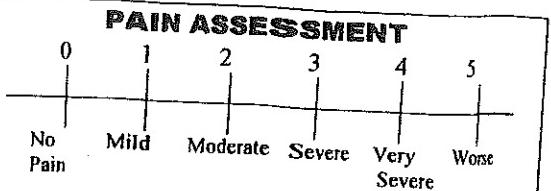
N100A

"DO NOT USE" ABBREVIATION LIST:
U, IU, Q.D., Q.O.D., ghs., S.C., cc. TRAILING ZERO AFTER A DECIMAL.

11/20/20	Medical Intake (3)
0910	S: Intake labs drawn CBC, CMP, UA, RPR, HIV, HEP 5, HgA1C, Lipids(>34 yrs)
	Chronic Clinic labs for drawn.
	O: # attempted, 21 gauge needle stick to R or L arm.
	A: Health Maintenance
	P: Labs sent for analysis---Results to be given to provider for review
	E: Care of venipuncture site. Follow up with medical should adverse symptoms arise
	S: Assessment for TB
	O: Last TST <u>NA</u>
	A: Health Maintenance
	P: Administer TST 0.1 ml Intradermal to R or L forearm
	E: Return to Medical in 2-3 days via callout. Care of injection site.
	S: Assessment of TST skin test
	O: TST administered on <u>2/7/20</u>
	A: TST reads as <u>0</u> mm
	David M. Revak, D.O. MVCC
	P: Annual TB clearance or refer to Infectious Disease <u>NOV 22 2020</u>
	Nursing Signature/ Stamp <u>Jmz</u> <u>11/20</u> Dr. Revak

45434-054

CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF



ALLERGIES:

WDR

"DO NOT USE" ABBREVIATION LIST.

DO NOT USE ABBREVIATION LIST:
U, IU, Q.D., Q.O.D., qhs., S.C., cc. TRAILING ZERO AFTER A DECIMAL

Nursing Signature/Stamp

Dr. Revak

David M. Revak, D.O.

MVCC

J. Hubler, LPN

NOV 21 2020

1103

The GEO Group, Inc.

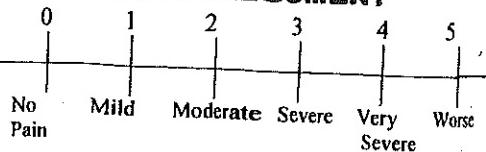
HANNON VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS
 DOB: 05-05-1975
 ARSD: 11-20-2020 MVCF

ALLERGIES:

NKDA

PAIN ASSESSMENT**"DO NOT USE" ABBREVIATION LIST:**

U, IU, O.D., Q.O.D., qhs, S.C., cc. TRAILING ZERO AFTER A DECIMAL

11/20/20	Administrative Note: Medical Intake (1)		
0910	Order Intake Labs: CBC, CMP, UA, RPR, HIV, HEP 5, HgA1C, Lipids(>34 yrs)		
	Order Chronic Clinic Labs For:		
	Order Chest Xray if:		
	<input checked="" type="checkbox"/> NA + PPD with no xray report on record within 6 months		
	+ HIV with no xray report within 1 month		
	HTN, Cardiac, Pulmonary		
	Inmate has been in the US less than 1 year YES <input checked="" type="radio"/> NO		
	Administer TST if:		
	<input checked="" type="checkbox"/> NA self surrender		
	TST greater than 1 year old		
	TST not documented from a BOP facility		
	NO mm noted and not contraindicated to re-implant		
	schedule read for 48-72 hrs		
	schedule 2nd step if self surrender		
	(Continue on next page)		
	Nursing Signature/Stamp <i>J. Hubler, LPN</i>	David M. Revak, D.O. MVCC	Dr. Revak

NOV 22 2020

110



GEO 2019 NOVEL CORONAVIRUS (COVID-19) PATIENT SCREENING TOOL

1. Assess the Risk of Exposure

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you had fever and/or symptoms consistent with COVID-19 with onset in the past 14 days?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Had close contact with anyone diagnosed (laboratory-confirmed) with COVID-19 illness within the last 14 days? Last date of contact (mm/dd/yyyy):
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? Link to CDC Criteria Last date of travel (mm/dd/yyyy):

2. Assess Symptoms consistent with COVID-19

Date of Onset:

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fever (Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective). <i>Temp on arrival 100.7</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cough	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Shortness of Breath (SOB)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chills	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Headache	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Muscle Aches	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sore Throat	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Abdominal discomfort, Vomiting or diarrhea	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	New loss of taste or smell	

*If the answer to ALL the above risk of exposure questions is NO, then STOP here and proceed with normal intake.**If the answer to ANY of the above risk of exposure questions is YES and/or the patient has symptoms consistent with COVID-19, then follow the guidance listed below.*

3. Implement Infection Prevention Control Measures

3a. The Symptomatic Patient

If the patient has any symptoms implement Standard, Contact, and Airborne Precautions (including eye protection).

- Place a surgical mask on the patient and minimize proximity to staff and inmates
- All staff escorting, evaluating, or otherwise in close contact with the patient should use appropriate PPE and respiratory protection with current fit testing.
- House patient in a certified Airborne Infection Isolation (AII) room. If no AII room is available, place the patient in a single cell or transport to a designated referral healthcare facility in coordination with the local public health authority.
- Report case to local health dept., Clinical Director, Regional & Corporate Leadership and client representative.
- Place patient on a Medical Hold.

3b. The Asymptomatic Patient

If the patient has no symptoms house in a single cell and observe.

- House patient in a single room, preferably within Health Services. If unable to house patient in a single room, contact client representative or designee.
- At minimum document a daily symptom assessment and vital signs.
- Report case to local health dept., Clinical Director, Regional & Corporate Leadership and client representative.
- If at any time the patient becomes symptomatic implement the steps in 3a – The Symptomatic Patient.
- Continue modified housing and observation procedures until 14 days after the last possible exposure date.
- Place patient on a Medical Hold.

Name (Last, First): _____

Patient #: _____

Institution: _____

Provider Name/Signature: _____

45434-054

Date: 11/20/20

Rev. 02/20, 04/20, 06/20

David M. Polanco
MPC

CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

NOV 22 2020

NKDA

HS-168-COVID-19

Inmate/detainee/resident (I/D/R) Name:	I/D/R #:	OB:	Facility Name:
Date / Time of Arrival:	Country of Origin:	What language do you speak?	Interpreter Name and/or #:
11/20/2016/53	Dominican	English	N/A
Is the I/D/R unconscious or have obvious pain, bleeding, injuries, or other symptoms suggesting need for emergency medical referral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:			
I/D/R was identified by (source): <input type="checkbox"/> ID Card <input type="checkbox"/> Picture <input checked="" type="checkbox"/> Verbally <input type="checkbox"/> Arm band <input type="checkbox"/> Other (Explain):			
If I/D/R was transferred from another facility, did a medical transfer summary accompany the I/D/R? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A			
If I/D/R transferred from another facility, did the I/D/R arrive with medications? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, explain: See man			

Medical Screening

1. How do you feel today? (Explain in his/her own words): *I'm good*

2. Have you fainted recently or have you ever had a head injury with loss of consciousness? No Yes If yes, explain:

3. Are you now or have you been treated by a doctor within the last 5 yrs for a medical condition, including hospitalizations? No Yes If yes, explain:
 Diabetes Seizure Asthma/COPD Ulcer HTN Heart condition Kidney Disease Liver Disease Other

4. What surgeries have you had? *None*

5. Do you have a history of or current communicable illness: VD, Syphilis, Hepatitis B or C, HIV/AIDS No Yes If yes, explain:

6. Have you ever had a TB skin test? No Yes Results:
 Have you ever had TB? No Yes If yes, year of infection: _____ where? _____
 Have you ever been in contact with anyone who had TB? No Yes
 Have you ever been treated for TB? No Yes If yes, when? _____ where?
 Last chest X-ray: *NA* (date) Results of chest X-ray: *NA*

7. In the last year, have you had a persistent and productive cough for more than three weeks, had chest pain, coughed up blood, had a persistent fever, chills, night sweats, unexplained loss of appetite or weight loss, back pain, blood in your urine? No Yes If yes, explain:

8. Do you take any medications on a regular basis, including over-the-counter and/or herbal medications? No Yes If yes, list the medications: *See man*

9. Does the I/D/R identify as a transgender? No Yes
 If yes, what gender does the I/D/R relate to? Male Female *W* History of transgender related health care? No Yes *NA*

10. Do you have any allergies to medication, food or latex? No Yes If yes, explain:

11. Are you on a special diet prescribed by a doctor? No Yes If yes, explain:

12. Females Only: Date of last menstrual period: _____ Are you pregnant? No Yes If yes, have you seen an OB? No Yes
 Recent abortion or delivery No Yes If yes, date: _____ Birth control No Yes N/A Method: _____
 Last Pap test date: _____ Normal Abn. N/A Current female problems: _____

13. Do you have any significant medical problems we have not discussed? No Yes If yes, explain:

14. Is there any significant family medical history? No Yes If yes, explain:

Substance Use/Abuse Screening

15. Have you ever smoked cigarettes/cigars? No Yes If yes, how long have you smoked?
 How many cigarettes/cigars per day? _____ When did you last smoke? _____

16. Do you use smokeless tobacco? No Yes If yes, how long? _____ When did you last use smokeless tobacco? _____

17. Do you now or have you ever used alcohol or drugs? No Yes If yes, give details below (legal and illegal drugs)

Substance Used	Route of Use	Date of Last Use	How Often	Amount/Quantity Last Used
Alcohol	N/A	22 months	alot	100m
Cocaine/Crack		22 months	monthly	42gpm
Marijuana		22 months	daily	2 Jars
Heroin				
Methamphetamine				
Other:				
Other:				

18. Have you ever suffered withdrawal symptoms from drugs/alcohol? No Yes If yes, explain:

19. Have you ever been treated for drug or alcohol problems? No Yes
 If yes, circle all that apply and provide further explanation : Detox Residential Outpatient *NKDA*

CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF

Mental Health Screening

20. Have you ever received counseling for mental health difficulties? No Yes If yes, explain:
21. Have you ever been hospitalized for mental health difficulties? No Yes If yes, explain:
22. Have you ever received medication for mental health difficulties? No Yes If yes, explain:
23. Do you have any learning disabilities? No Yes If yes, explain:
24. Were you in any special education classes? No Yes If yes, explain:
25. Do you now or have you ever heard voices that other people don't hear; seen things or people that others don't see; or felt others were trying to harm you for no logical or apparent reason? No Yes If yes, explain:
26. Have you ever tried to kill yourself? No Yes How many times? _____ If yes, when did the suicide attempts occur? _____
Method: Gun Hanging Cutting Skin Pills Other (Explain): _____
27. Are you currently thinking about killing or harming yourself? No Yes If yes, make referral immediately and ensure safety.
28. Have you ever been a victim of physical or sexual abuse? No Yes If yes, explain:
29. Do you have a history of sexual aggression or sexual assault? No Yes If yes, explain:
30. Do you feel that you are currently in danger of being physically or sexually assaulted? No Yes If yes, explain:
31. Do you have a history of assaulting or attacking others, or have you ever been locked up for fighting while in jail or prison? No Yes
32. Do you know of someone in this facility whom you wish to attack? No Yes If yes, who is this person?
33. Do you know of someone in this facility who wishes to harm you? No Yes If yes, who is this person?

NKDA

Pain Assessment

Character of Pain:	Location:	Duration:	Intensity: (0-10 pain scale)	What relieves your pain or make it worse?
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Oral Screening

35. Do you have any dental problems? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, explain: <i>infection in mouth</i> Visualize the mouth, teeth and gum) Are there any dental problems noted? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, explain:
--

Summary Question

36. Do you have any medical, dental, or mental health issues we have not discussed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: Instructions in oral hygiene and preventive oral education given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

O:

Screener's Observation

<input checked="" type="checkbox"/> I/D/R is oriented to person, place, and time <input type="checkbox"/> I/D/R is not oriented to:	Person _____	Place _____	Time _____
I/D/R appears to have normal physical appearance, emotional characteristics, and no barriers to communication	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
I/D/R appears to present with a low level of intellectual functioning based on history and/or current presentation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does I/D/R behavior or physical appearance suggest the risk of suicide or assault on staff or other inmates? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Check the appropriate boxes for your observations (Explain any checked boxes under comments): <input checked="" type="checkbox"/> None of the following observed			
<input type="checkbox"/> Intoxication or withdrawal from drugs/alcohol	<input type="checkbox"/> Bizarre or abnormal behavior	<input type="checkbox"/> Inability to focus/concentrate or agitation	
<input type="checkbox"/> Excessive sweating (fever)	<input type="checkbox"/> Malnourished appearance	<input type="checkbox"/> Shaking/tremors	
<input type="checkbox"/> Skin: Bumps/rash/lesions/infestations	<input type="checkbox"/> Skin: Cuts, bruises, signs of trauma	<input type="checkbox"/> Skin: Tattoos, needlemarks, tracks, jaundice	
<input type="checkbox"/> Developmental disabilities	<input type="checkbox"/> Mobility restricted in any way	<input type="checkbox"/> Body deformity	
<input type="checkbox"/> Aids (hearing aids, glasses, dentures)	<input type="checkbox"/> Physical aids (cane, crutch, brace)	<input type="checkbox"/> Other	

Comments: _____
 Vital Signs: T P 65 Resp. 10 BP 124/77 Ht. 5'11" Wt. 5111 Spec 9897
 If applicable, HCG Results: Positive Negative Refused If patient is diabetic, record glucose fingerstick: _____

A: Initial Health Screening Completed: Yes NoP: Disposition: General Population Referral for immediate medical, mental health, or dental care Isolation until medically evaluatedE: Education: TB screening explained to I/D/R Access to medical/dental/mental healthcare, grievance process explained to I/D/R I/D/R given medical orientation and health information handouts in I/D/R language I/D/R was given written orientation materials and/or translations in I/D/R's own language If a literacy problem exists, screener assisted the I/D/R in understanding education handouts. I/D/R verbalized understanding of any teaching or instruction and was asked if he or she had any additional questions

Care/Intervention/Follow-Up: The following care/treatment was given during this intake screening: _____

Referrals made: Physician NP/PA Dentist Psychiatrist Mental Health Dental Chronic care Sick call

I/D/R Signature: *A. Smith, LPO*

11/29/20 0900

Date/Time

Reviewing Physician/NP/PA: *David M. Reyer, DO*
Rev 1/14, 7/14, 3/16, 6/17

Date/Time

Reviewing Mental Health Provider: *MVCF A. Smith, LPO*

Date/Time

NOV 22 2020
1100

**Bureau of Prisons
Health Services
Inmate Intra-system Transfer**

Reg #: 45434-054

Inmate Name: CAMILO-POLANCO, JUAN CARLOS

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

TB Clearance: Yes

Last PPD Date: 02/07/2020

Induration: 0mm

Last Chest X-Ray Date:

Results:

TB Treatment:

Sx free for 30 days: Yes

TB Follow-up Recommended: No

Transfer To: JC

Transfer Date: 11/20/2020

Health Problems

Health ProblemStatus

Unspecified viral infection characterized by skin and mucous membrane lesions

Current

VIRAL SYNDROME.

Type 2 diabetes mellitus

Current

Hyperlipidemia, unspecified

Current

Oral mucositis (ulcerative)

Current

Unspecified lesions of oral mucosa

Current

Polyarthritis, unspecified

Current

Pain, unspecified

Current

Syphilis

Remission

treated at NYP in February 2018

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated. Bolded drugs required for transport.

Acyclovir 400 MG Tab Exp: 04/13/2021 SIG: Take one tablet (400 MG) by mouth twice daily for long term therapy**metFORMIN HCl 500 MG Tab Exp: 01/05/2021 SIG: Take one tablet (500 MG) by mouth twice daily****Meloxicam 7.5 MG Tab Exp: 01/05/2021 SIG: Take one tablet (7.5 MG) by mouth daily with food**

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments:

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
11/13/2020	00:00	MLP Chronic Care Follow up	MLP 01
11/19/2020	00:00	Chronic Care Visit	Physician 02
02/07/2021	00:00	PPD Administration	Nurse

Non-Medication Orders:

No Data Found

Active Alerts:

No Data Found

Consultations:

Pending Institutional Clinical Director Action

No Data Found

Pending UR Committee Action

No Data Found

Pending Regional Review Action

No Data Found



Patient Report

Specimen ID: 36-844-4018-0
Control ID:

Acct #: 37827370

Phone: (814) 768-1258

Rte: 00

CAMILO-POLANCO, JUAN CARLOS

Moshannon Valley Correctional
550 Geo Dr.
PHILIPSBURG PA 16866

Patient Details

DOB: 05/05/1975
Age(y/m/d): 045/06/25
Gender: M
Patient ID: 45434-054

Specimen Details

Date collected: 11/30/2020 0600 Local
Date received: 12/01/2020
Date entered: 12/01/2020
Date reported: 12/02/2020 1608 ET

Physician Details

Ordering:
Referring:
ID: REVAK
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

Comp. Metabolic Panel (14); CBC, Platelet, No Differential; Lipid Panel; HP5; Hemoglobin A1c; RPR, Rfx Qn RPR/Confirm TP; TSH; HIV Ag/Ab with Reflex

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Comp. Metabolic Panel (14)						
Glucose	75		mg/dL	65-99	01	
BUN	14		mg/dL	6-24	01	
Creatinine	0.95		mg/dL	0.76-1.27	01	
eGFR If NonAfrican Am	96		mL/min/1.73	>59		
eGFR If African Am	111		mL/min/1.73	>59		
BUN/Creatinine Ratio	15			9-20		
Sodium	138		mmol/L	134-144	01	
Potassium	4.5		mmol/L	3.5-5.2	01	
Chloride	99		mmol/L	96-106	01	
Carbon Dioxide, Total	19	Low	mmol/L	20-29	01	
Calcium	10.0		mg/dL	8.7-10.2	01	
Protein, Total	8.1		g/dL	6.0-8.5	01	
Albumin	4.8		g/dL	4.0-5.0	01	
Globulin, Total	3.3		g/dL	1.5-4.5		
A/G Ratio	1.5			1.2-2.2		
Bilirubin, Total	0.3		mg/dL	0.0-1.2	01	
Alkaline Phosphatase	87		IU/L	39-117	01	
AST (SGOT)	25		IU/L	0-40	01	
ALT (SGPT)	13		IU/L	0-44	01	
CBC, Platelet, No Differential						
WBC	5.7		x10E3/uL	3.4-10.8	01	
RBC	4.87		x10E6/uL	4.14-5.80	01	
Hemoglobin	13.6		g/dL	13.0-17.7	01	
Hematocrit	41.9		%	37.5-51.0	01	
MCV	86		fL	79-97	01	
MCH	27.9		pg	26.6-33.0	01	
MCHC	32.5		g/dL	31.5-35.7	01	
RDW	14.4		%	11.6-15.4	01	

Date Issued: 12/02/20 1614 ET

FINAL REPORT

Page 1 of 2

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JAN 05 2021
DRD
C. Gonder, PA-C
MVCF 12/9/2020
1200



Patient Report

Patient: CAMILO-POLANCO, JUAN CARLOS
DOB: 05/05/1975

Patient ID: 45434-054

Control ID:

Specimen ID: 336-844-4018-0
Date collected: 11/30/2020 0600 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Platelets	339		x10E3/uL	150-450		01
Lipid Panel						
Cholesterol, Total	222	High	mg/dL	100-199		01
Triglycerides	77		mg/dL	0-149		01
HDL Cholesterol	48		mg/dL	>39		01
VLDL Cholesterol Cal	14		mg/dL	5-40		
LDL Chol Calc (NIH)	160	High	mg/dL	0-99		
HP5						
Hep A Ab, Total		Positive Abnormal		Negative		01
HBsAg Screen		Negative		Negative		01
Hep B Core Ab, Tot		Negative		Negative		01
Hep B Surface Ab, Qual		Non Reactive				01
		Non Reactive:	Inconsistent with immunity, less than 10 mIU/mL			
		Reactive:	Consistent with immunity, greater than 9.9 mIU/mL			
Hep C Virus Ab	<0.1		s/co ratio	0.0-0.9		01
			Negative:	< 0.8		
			Indeterminate:	0.8 - 0.9		
			Positive:	> 0.9		
		The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713).				
Hemoglobin A1c						
Hemoglobin A1c	6.1	High	%	4.8-5.6		01
Please Note:						01
	Prediabetes: 5.7 - 6.4					
	Diabetes: >6.4					
	Glycemic control for adults with diabetes: <7.0					
RPR, Rfx Qn RPR/Confirm TP						
RPR	Non Reactive			Non Reactive		01
TSH	2.110		MVCCUIU/mL	0.450-4.500		01

01 CB LabCorp Dublin 6370 Wilcox Road, Dublin, OH 43016-1269	Dr. Vincent Ricchiuti, PhD
---	----------------------------

For inquiries, the physician may contact Branch: 814-943-3115 Lab: 800-282-7300

Date Issued: 12/02/2016 14 ET

FINAL REPORT

Page 2 of 2

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David M. Revak, D.O.
JAN 05 2021
DOV
MVCF 12/7/2020
12a



The GEO Group, Inc.

Moshannon Valley Correctional Center

Health Services Department - Urinalysis Results

Date Specimen Taken: 11-27-20 Time: 07:15 A.M. / P.M.Urgency: Routine Today Pre-Op STATPatient Status: Ambulatory BedSpecimen Source: Routine Other (Specify)Remarks: A&O Requested

45434-054
 CAMILO-POLANCO, JUAN CARLOS
 DOB: 05-05-1975
 ARSD: 11-20-2020

MVCF
NKDA

	Results:	Normal Values:
Color	<u>yellowish</u>	"yellow, clear" or "straw-colored, clear"
Specific Gravity	<u>1.020</u>	1.000-1.030
pH	<u>5</u>	5-9
Leukocytes	<u>negative</u>	negative
Nitrite	<u>negative</u>	negative
Protein	<u>negative</u>	negative-trace
Glucose	<u>negative</u>	negative
Ketone	<u>negative</u>	negative
Urobilinogen	<u>negative</u>	trace (.2-1)
Bilirubin	<u>negative</u>	negative
Blood	<u>negative</u>	negative: Hemolyzed/Non Hemolyzed

Requesting Physician:

Reported by:

G. Kost, LPN
MVCF

Reviewed by:

O. Gonder, PA-C
MVCF
11/20/2020
1000

Patient Information	Specimen Information	Client Information
CAMILO-POLANCO, JUAN DOB: 05/05/1975 AGE: 45 Gender: M Phone: 718.840.4200 Patient ID: 45434-054 Health ID: 8573025687273182	Specimen: NJ949347L Requisition: 0000509 Collected: 11/03/2020 Received: 11/04/2020 / 12:54 EST Reported: 11/05/2020 / 16:38 EST	Client #: 48050519 NYNJMAIL BIALOR, BRUCE MDC BROOKLY Attn: MILCA LOPEZ 80 29TH ST BROOKLYN, NY 11232-1503

SARS CoV 2 (COVID-19) Tests

Test Name	Result	Reference Range	Lab
SARS CoV 2 RNA(COVID 19), QUALITATIVE NAAT	NOT DETECTED	NOT DETECTED	QTE

A Not Detected (negative) test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management decisions. If COVID-19 is still suspected, based on exposure history together with other clinical findings, re-testing should be considered in consultation with public health authorities. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions.

Please review the "Fact Sheets" and FDA authorized labeling available for health care providers and patients using the following websites:
<https://www.questdiagnostics.com/home/Covid-19/HCP/NAAT/fact-sheet2> <https://www.questdiagnostics.com/home/Covid-19/Patients/NAAT/fact-sheet2>

This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.

Due to the current public health emergency, Quest Diagnostics is receiving a high volume of samples from a wide variety of swabs and media for COVID-19 testing. In order to serve patients during this public health crisis, samples from appropriate clinical sources are being tested. Negative test results derived from specimens received in non-commercially manufactured viral collection and transport media, or in media and sample collection kits not yet authorized by FDA for COVID-19 testing should be cautiously evaluated and the patient potentially subjected to extra precautions such as additional clinical monitoring, including collection of an additional specimen.

Methodology: Nucleic Acid Amplification Test (NAAT) includes RT-PCR or TMA

Additional information about COVID-19 can be found at the Quest Diagnostics website: www.QuestDiagnostics.com/Covid19.

Physician Comments:

PERFORMING SITE:

QTE QUEST DIAGNOSTICS-TETERBORO, 1 MALCOLM AVENUE, TETERBORO, NJ 07608-1011 Laboratory Director: LAWRENCE TSAO,MD, CLIA: 31D0696246



CAMILO-POLANCO, JUAN

Patient Information	Specimen Information	Client Information
CAMILO-POLANCO, JUAN DOB: 05/05/1975 AGE: 45 Gender: M Phone: 718.840.4200 Patient ID: 45434-054 Health ID: 8573025687273182	Specimen: NJ560549M Requisition: 0000826 Collected: 11/16/2020 Received: 11/16/2020 / 23:29 EST Reported: 11/17/2020 / 19:56 EST	Client #: 48050519 NYNJMAIL BIALOR, BRUCE MDC BROOKLY Attn: MILCA LOPEZ 80 29TH ST BROOKLYN, NY 11232-1503

SARS CoV 2 (COVID-19) Tests

Test Name	Result	Reference Range	Lab
SARS CoV 2 RNA(COVID-19), QUALITATIVE NAAT			QTE
SARS CoV 2 RNA NOT DETECTED NOT DETECTED			
A Not Detected (negative) test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management decisions. If COVID-19 is still suspected, based on exposure history together with other clinical findings, re-testing should be considered in consultation with public health authorities. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions.			
REFERENCE RANGE: NOT DETECTED			
This patient specimen was tested using an FDA EUA pooling method.			
Negative results from pooled testing should not be treated as definitive. If the patient's clinical signs and symptoms are inconsistent with a negative result or results are necessary for patient management, then the patient should be considered for individual testing. Specimens with low viral loads may not be detected in sample pools due to the decreased sensitivity of pooled testing.			
Please review the "Fact Sheets" and FDA authorized labeling available for health care providers and patients using the following websites: https://www.questdiagnostics.com/home/Covid-19/HCP/QuestIVD/fact-sheet.html https://www.questdiagnostics.com/home/Covid-19/Patients/QuestIVD/fact-sheet.html			
This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.			
Due to the current public health emergency, Quest Diagnostics is receiving a high volume of samples from a wide variety of swabs and media for COVID-19 testing. In order to serve patients during this public health crisis, samples from appropriate clinical sources are being tested. Negative test results derived from specimens received in non-commercially manufactured viral collection and transport media, or in media and sample collection kits not yet authorized by FDA for COVID-19 testing should be cautiously evaluated and the patient potentially subjected to extra precautions such as additional clinical monitoring, including collection of an additional specimen.			
Methodology: Nucleic Acid Amplification Test (NAAT) includes RT-PCR or TMA			
Additional information about COVID-19 can be found at the Quest Diagnostics website: www.QuestDiagnostics.com/Covid19 .			
Physician Comments:			

PERFORMING SITE:

QTE QUEST DIAGNOSTICS-TETERBORO, 1 MALCOLM AVENUE , TETERBORO, NJ 07608-1011 Laboratory Director: LAWRENCE TSAO,MD, CLIA: 31D0696246

Camilo-polanco, Juan
ID: 45434054

01/10/2021 12:38:56
GEO-MOSHANNOON VALLEY CORR SHU

61 bpm
- / - mmHg

Male
05/05/1975
45 Years

01/10/2021 12:38:56
GEO-MOSHANNON VALLEY CORR SHU

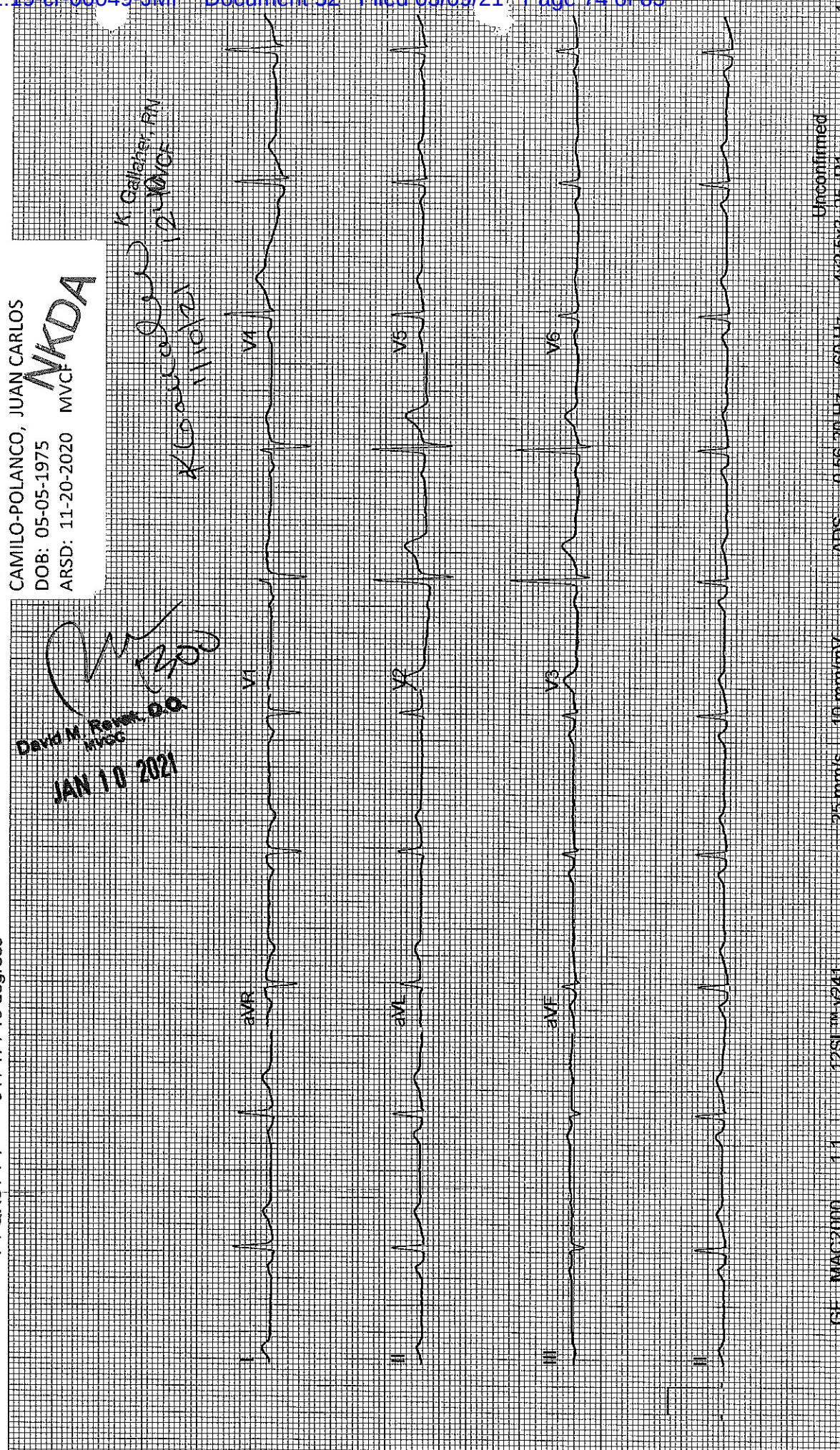
QT

Normal sinus rhythm
Normal ECG

QRS	82 ms
QT / QTc Baz	398 / 400 ms
PR	186 ms
P	134 ms
RR / PP	986 / 983 ms
P / QRS / T	54 / 17 / 18 deg

45434-054 CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975 ARSD: 11-20-2020 MVC
~~NKD~~

David M. Rosen
NYSCC



BP-S620.060 PATIENT PROBLEM LIST CDFRM

AUG 96

III E

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

PROBLEM LIST

**ADVERSE / ALLERGIC
DRUG REACTIONS**
(If none, record "No Known Drug Allergies)

No Known Drug Allergies

Patient Identification
(Name, Reg #, DOB)

(This form may be replicated via WP)

45434-054
CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF





CURRENT LONG-TERM MEDICATIONS

45434-054
CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF

(I/D/R) NAME:	I/D/R #:
	/
	FACILITY:

Allergies: NADA

Diagnosis: 1. Dmit 2. _____ 3. _____ 4. _____



CURRENT SHORT TERM MEDICATIONS

45434-054

CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

/D/R) NAME:	I/D/R#:
FACILITY:	<i>HYCF</i>

Allergies:

NkoA

Diagnosis: 1. Alv

2.

3

4.

BP-S619.060 IMMUNIZATION RECORD COFRM
AUG 96

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TETANUS TOXOIDS

TUBERCULIN TESTS

**Patient Identification
(Name, Reg #)**

(This form may be replicated via WP)

45434-054
CAMILO-POLANCO, JUAN
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF

NKDA



History and ARSD: 11-20-2020 MVCF

Inmate/Detainee/Resident (I/D/R) Name:

NKDA

ian/NP/PA)

Date / Time of Exam

11-05 - 20,059

I/D/R Number:

Facility:

<input checked="" type="checkbox"/> History form on chart	<input type="checkbox"/> Prior physical exam on chart	<input type="checkbox"/> Old records requested	<input checked="" type="checkbox"/> Intake Screening Reviewed
<input type="checkbox"/> Problem list updated			
Height <u>5'11</u>	Weight <u>195</u>	Vital Signs: BP: <u>116/75</u>	HR: <u>81</u>
Color Eyes <u>brown</u>	Color Hair <u>black</u>	RR: <u>16</u>	Temp: <u>97.4</u> Pain Assessment (0-10) <u>8</u>
Build: <input checked="" type="checkbox"/> Slender <input type="checkbox"/> Medium <input type="checkbox"/> Obese <input type="checkbox"/> Morbidly Obese		S ₂ O ₂ % (when indicated): <u>98</u>	
DOB: <u>05/05/1975</u>	Age: <u>44</u>	BMI: <u>27</u>	Waist Circumference: <u>34"</u>
Country of Birth: <u>Dominican Republic</u>	Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input checked="" type="checkbox"/> Hispanic White <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Asian/Pacific Islander		
Visual Acuity: Right: 20/ <u>25</u> Corrected 20/ <u>20</u> Left: 20/ <u>20</u> Corrected 20/ <u>20</u>	Color Vision: <u>Ishihara 6/60</u>	Other: <u>B50 = 101 "I'm good"</u>	

Mental Health Screen

NL

Abnormal/Comment

Orientation (person, place, time):

General appearance:

Motor behavior, mannerisms:

Affect (mood):

Content of thought, history of suicide, present thoughts of suicide:

Yes

No

Allergies:

NKDA

Clinical Evaluation

Normal	(Check each item in appropriate column)	Abnormal	Normal	(Check each item in appropriate column)	Abnormal
/	A. Head, Face, Neck and Scalp		/	O. Anal (Hemorrhoids, Fistula)	
/	B. Ears-General (Internal Canals) Hearing by finger rub or whisper		/	P. Testicular	
/	C. Drums (Perforation)		/	Q. Digital Rectal Exam (if clinically indicated)	
/	D. Nose		/	R. Endocrine System	
/	E. Sinuses		/	S. G-U System	
/	F. Mouth and Throat	/	/	T. Upper Extremities (Strength, range of motion)	
/	G. Eyes-General (Visual acuity and refraction elsewhere)		/	U. Feet	
/	H. Ophthalmoscopic Exam		/	V. Lower Extremities (Except feet) Strength, range of motion)	
/	I. Pupils (Equality and reactivity)		/	W. Spine, Other Musculoskeletal	
/	J. Ocular Motility (Associated parallel movements nystagmus)		/	X. Identifying body Marks, Scars, Tattoos	
/	K. Lungs and chest		/	Y. Neurologic	
/	L. Heart (rhythm, sounds)		/	Z. Psychiatric (Specify any Personality deviation)	
/	M. Vascular System (Varicosities, etc.)		/	AA. Breasts	
/	N. Abdomen and Viscera (include hernia)				

History and I

CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

n/NP/PA)

(Cont'd)

Inmate/Detainee/Resident (I/D/R) Name:

ARSD: 11-20-2020 MVCF

NKDA

Facility Name:

Notes: (Describe every abnormality in detail. Enter pertinent item number before each comment and use additional sheets if necessary)

F: Yellow lesions to tongue. - posterior oral pharynx WNL. States lesions are painful

CPS: Gatto in room for exam

Q: Not clinically indicated.

X: R arm tattoo

DENTAL: See Dental Evaluation in chart.

** Pertinent Past Test Results Only** (actual results are found under laboratory section, see chart)

Urinalysis

Date: 11/15/20

 No clinically significant abnormal values noted Clinically significant abnormalities

CBC

Date: 11/30/20

G. TST and/or Chest X-Ray (date, and result)

 No clinically significant labs noted

Date: 11/15/20

 Clinically significant abnormality

Last TST Date: 2/17/20

S/ mm

Chest X-Ray for +TST

Date: _____ / _____ / _____ Results: _____

NA

Syphilis Serology

Date: 11/30/20

Date: 11/30/20

 Non-Reactive Non-Reactive Other, explain below Other, explain below

(Cont'd)

History and Phys

DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

P/PA)

Facility Name:

Inmate/Detainee/Resident (I/D/R) Name:

List Current Medications:

Acyclovir 400 mg. po. 1-2x BID
 Metformin 500 mg. po. 1-2x BID

NKDA

None:

Meloxicam 7.5 mg po. 1-2x daily.

Smoking HX: AAA Screening for Ages 65-75

Alcohol HX:

Drug Abuse HX:

Denies Use _____ Pack/Day

Denies Use _____ Drinks/

Denies Use _____ Use /

Last Use: _____

Last Use: 2010

Type: Cocaine: 1-month last Use 2010
 Marijuana: daily

Sexually Transmitted or Communicable Disease History:

Denies history of Gonorrhea, Chlamydia, Hepatitis or other communicable diseases after symptoms and diseases explained.

Positive History of: Syphilis

Treatments rendered: None Type/Year Mjor Illns, 2017

Summary of defects

Hospitalizations/Surgeries:

None, Reason:

Chart from: 2017

Occupation: If in Work Supermarket

Education: Highest Level Completed

Examinee (Check)

 Is Qualified for Regular Duty, Regular Housing, Food Service, and Programs to include recreation, education, etc. IS NOT Qualified for: Food service.

Assessment:

Diabetes.

Plan: (All treatment regimens and appointments will be in SOAPE Note in Chart)

 Follow up, as needed, in Medical via Sick Call for any future problems Refer to: Diabetes. Medical will follow I/D/R up in the following clinics

<input type="checkbox"/> Hypertension	<input type="checkbox"/> TST - INH Clinic	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Neurology
<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> General Pulmonary	<input type="checkbox"/> Gastro	<input type="checkbox"/> HIV	<input type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Diabetes

 Nutrition and weight management counseling done. In addition, I/D/R handouts provided. Visual acuity is worse than 20/50, I/D/R has been educated on the process to see the optometrist. Abstain from sexual contact while in prison, wash hands, don't share personal items, risks of infections explained.Tests needed: Anti-HCV and HBsAg Lipid Panel CBC Chem Panel U/A error C6 11/20/2020

Diabetes Screen - If Blood pressure > 135/80; order a Fasting Serum Glucose

Hypertension Screen - Order Blood Pressure checks 3 times per week times 2 weeks, then Chart Review

Other:

Typed or Printed Name of Provider:

G. Gender, PA-C

MVCF

Signature:

Camilo 11/20/2020 doc

Typed or Printed Name of Physician

Signature:

David M. Revak, D.O.
MVCCG. Kost, LPN
MVCF(Page 3 of 3)
11/20/2020

Note GW

NOV 25 2020

45434-054
 Pla CAMILO-POLANCO, JUAN CARLOS
 DOB: 05-05-1975
 ARSD: 11-20-2020 MVCF

NKDA



Moshannon Valley Correctional Center

Ishihara's Test for Color Deficiency - Simplified Version

Plate Number	Normal Person	Person with Red-Green Deficiencies	Person with Total color Blindness and Weakness
1	12	12	12
2	8	3	X
6	5	2	X
10	2	X	X
14	5	X	X
18	X	5	X

Date of Exam:

11/25/20

The mark X shows that the plate cannot be read. Blank space denotes that the reading is indefinite. The numerals in parenthesis show that they can be read but they are comparatively unclear.

Signature and Stamp of Nurse Performing the Exam

G. Kost, LPN
MVCF

11/25/20, OSR

Date and Time

Provider Signature and Stamp

C. Bonder, PA-C
MVCF

11/25/2020 0000

Date and Time

David M. Revak, D.O.
MVCC

NOV 25 2020
1100

From : Juan Carlos Camilo Polanco
BOP : 45434054, MWCC

555 GEO Drive
Philipsburg, PA, 16866



7019 1120 0001 4965 1078



Can Out
SM

TO: United States District Court
Southern District of New York
500 Pearl Street
New York, New York, 10007